



Diarrhea relieved quickly—and effectively

CREMOMYCIN[®]

SULFASUXIDINE[®]-NEOMYCIN SUSPENSION WITH KAOLIN AND PECTIN

The urgency of sudden diarrheal spasm is quickly controlled with CREMOMYCIN. Both bacillary and nonspecific diarrheas respond to palatable CREMOMYCIN—often after only a few doses. Neomycin and Sulfasuxidine have an antibacterial action which is concentrated in the gut. Kaolin and pectin soothe the inflamed mucosa, adsorb the toxins, quiet the irritated intestine.

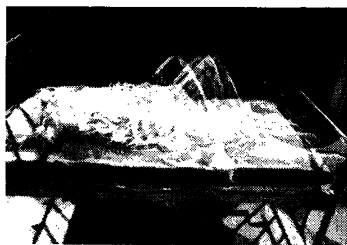


MERCK SHARP & DOHME

DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

Each fl. oz. (30 cc.) of CREMOMYCIN contains 3.0 gm. Sulfasuxidine[®], 300 mg. neomycin sulfate, 0.4 gm. pectin and 3.0 gm. kaolin.

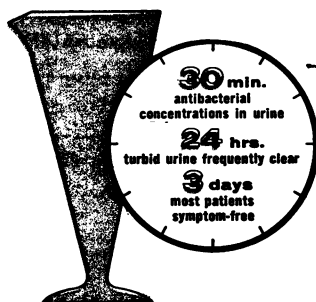
sleep for the sleepless *



* The stroboscopic photo shows movements of restless sleeper (28-year-old male) after placebo. The following night the same patient was given nonbarbiturate Doriden 0.5 Gm. at bedtime. The result was an approximate 50 per cent reduction in overt motion and restlessness. Doriden® (glutethimide CIBA) acts within 15 to 30 minutes; induces 4 to 8 hours of sound, natural sleep; rarely causes morning hangover. **C I B A** Summit, N. J.

in urinary tract
infections of pregnancy
delay is dangerous...

*"Approximately one-half of the patients have
some permanent damage to the urinary tract."¹*



FURADANTIN[®]
BRAND OF NITROFURANTOIN

first...
FOR RAPID ERADICATION OF INFECTION

Specific for genitourinary tract infections
• rapid bactericidal action against a wide
range of gram-positive and gram-nega-
tive pathogens and organisms resistant to
other agents • negligible development of
bacterial resistance • excellent tolerance
—nontoxic to kidneys, liver and blood-
forming organs • safe for use in preg-
nancy^{2,3}

AVERAGE FURADANTIN DOSAGE: 100 mg.
q.i.d. with food or milk. Continue treat-
ment for 3 days after urine becomes sterile.

SUPPLIED: Tablets, 50 and 100 mg.
Oral Suspension (25 mg. per 5 cc. tsp.).

REFERENCES: 1. Rives, H. F.: *Texas J. M.* 52:224, 1956.
2. Diggs, E. S.; Prevost, E. C., and Valderas, J. G.: *Am.*
J. Obst. 71:399, 1956. 3. MacLeod, P. F., et al.: *Inter-*
nat. Rec. Med. 169:561, 1956.

NITROFURANS

a new class of antimicrobials—neither antibiotics nor sulfonamides

EATON LABORATORIES



NORWICH, NEW YORK

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New...from Pfizer Research

84

compounds tested

1

compound unexcelled

COSA-TETRACYN*

GLUCOSAMINE-POTENTIATED TETRACYCLINE

Progress has been made in antibiotic therapy through the use of absorption-enhancing agents, resulting in higher, more effective antibiotic blood levels.

For the past two years, in a continuing search for more effective agents for enhancing oral antibiotic blood levels, our Research Laboratories screened eighty-four adjuvants, including sorbitol, citric acid, sodium hexametaphosphate, and other organic acids and chelating agents as well as phosphate complex and other analogs. After months of intensive comparative testing, glucosamine proved to be the absorption-enhancing agent of choice. Here's why:

1 Crossover tests show that average blood levels achieved with glucosamine were markedly higher than those of other enhancing agents screened. In some cases this effect was more than double.

2 Of great importance to the practicing physician is the consistency of the blood level enhancement achieved with glucosamine. Extensive tests show that the enhancing effect with glucosamine occurs in a greater percentage of cases than with any other agent screened.

3 Glucosamine is a nontoxic physiologic metabolite occurring naturally and widely in human secretions, tissues and organs. It is nonirritating to the stomach, does not increase gastric secretion, is sodium free and releases only four calories of energy per gram. Also, there is evidence that glucosamine may favorably influence the bacterial flora of the intestinal tract.

For these reasons glucosamine provides you with an important new adjuvant for better enhancement of antibiotic blood levels. Tetracycline, potentiated physiologically with glucosamine, is now available to you as COSA-TETRACYN.

Capsules 250 mg. and 125 mg.

The most widely used
broad-spectrum antibiotic
now potentiated with
glucosamine, the
enhancing agent of choice



PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, N. Y.

*Trademark

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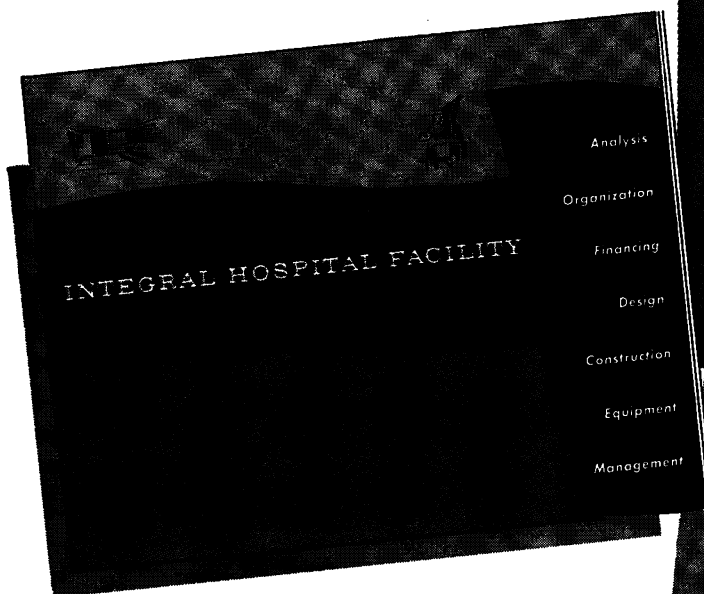
ON REQUEST...

The Advantages of

SINGLE RESPONSIBILITY

in the Creation of

THE INTEGRAL HOSPITAL



*Services Performed by
Hospital Building
Company in organizing
and Activating
the Integral Hospital*

**HOSPITAL BUILDING
COMPANY**

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*Site Survey
Financial Study
Room Potential Estimate
Fund Raising Analysis
Organization of Program
Architectural Design
Standard or Custom
Equipment Financing
Furniture, Equipment, and
Construction
Management
Insurance
and more*

To prevent emotional upsets in cardiovascular conditions

'Compazine', by controlling anxiety and tension, can prevent the emotional upsets that so often play an exacerbating role in cardiovascular conditions.

And, 'Compazine' can be depended upon to have little, if any, hypotensive effect.

Compazine^{*}

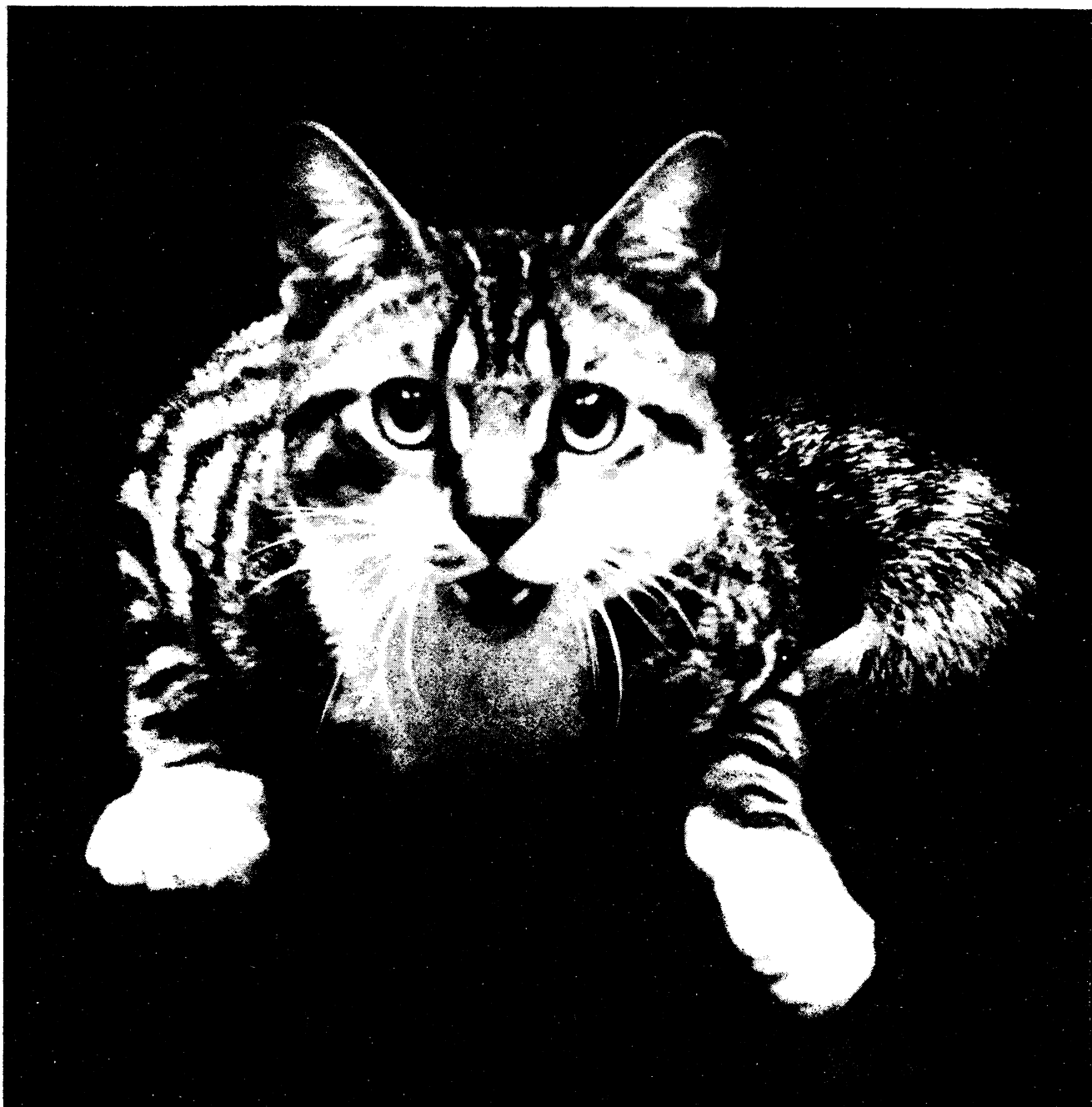
*the tranquilizing agent remarkable
for its freedom from drowsiness and
depressing effect*

Available: Tablets—5 mg. and 10 mg. and, for use in psychiatry, 25 mg.; ampuls—10 mg. (2cc.); Multiple dose vials—10 cc. (5 mg. per cc.); Span-sule† *sustained release* capsules—10 mg. and 15 mg.; Syrup—5 mg. per teaspoonful (5 cc.); and Suppositories—5 mg. and 25 mg.

Smith Kline & French Laboratories, Philadelphia

^{*}T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

[†]T.M. Reg. U.S. Pat. Off. for sustained release capsules, S.K.F.



TAKE A NEW LOOK AT ALLERGENS* TAKE A LOOK AT NEW DIMETANE

There is no antihistamine better for allergic protection. DIMETANE gives you good reasons to re-examine the antihistamine you are now using: mg. for mg. it provides unexcelled potency, unsurpassed therapeutic index and relative safety...minimum drowsiness or other side effects. Has been effective where other antihistamines have failed. DIMETANE Extentabs® (12 mg.) protect for 10-12 hours on one tablet. Also available: Tablets (4 mg.), Elixir (2 mg. per 5 cc.).

A. H. ROBINS CO., INC., Richmond 20, Virginia
Ethical Pharmaceuticals of Merit Since 1878

*Typical Allergens: Animal Hair and Dander • Pollen • Molds • Bacteria and Viruses • Feathers • Insect Scales • Vegetable Fibers and Seeds
Plant Juices • House Dust • Drugs and Chemicals • Minerals and Metals.



Dimetane
(PARABROMOXYLAMINE MALEATE)

QUICKLY

Relieve the Dry Hacking Cough with **NUMOTIZINE COUGH SYRUP** *Mucolytic Expectorant*

In "Throat Cough"—the use of the "dispersing factor" facilitates spreading of the medication over the throat while swallowing, thereby relieving cough originating in the throat region.

In Bronchial Coughs—With its mucolytic action, Numotizine Cough Syrup is particularly effective in cases where thick, viscid bronchial secretions are present.

In Children's Coughs—Numotizine Cough Syrup has a pleasant aromatic base which is unusually well accepted by even small children. It contains no alcohol, narcotic or sedative.

NUMOTIZINE COUGH SYRUP

Each fluidounce contains:

Glyceryl Guaiacolate	5 gr. (0.324 Gm.)
Ammonium Chloride	5 gr. (0.324 Gm.)
Sodium Citrate	20 gr. (1.296 Gm.)
Menthol	.04 gr. (2.6 mg.)

—in a palatable aromatic syrup containing the dispersing agent, Dioctyl Sodium Sulfosuccinate 1:20,000.

Supplied in 3 oz. bottles.

HOBART LABORATORIES, Inc.
Chicago 10, Illinois





A.M.

Just two doses—

and

P.M.



LIPO GANTRISIN ROCHE®

... and you can be sure that your patients will have prompt, lasting plasma and urine levels.

Lipo Gantrisin is the ideal pediatric form of Gantrisin, in which 2 doses a day are sufficient to combat most urinary and systemic infections of non-viral — non-rickettsial origin.



ROCHE LABORATORIES • DIVISION OF HOFFMANN-LA ROCHE INC • NUTLEY 10 • N. J.

Lipo Gantrisin® Acetyl — brand of acetyl sulfisoxazole in a homogenized mixture

Each teaspoonful (5 cc) contains the equivalent of 1 gm of sulfisoxazole in the form of acetyl sulfisoxazole

PEPTIC ULCER HYPER- ACIDITY PROMPT PROLONGED RELIEF KOLANTYL

relieves spasm pain... the superior antacid with anti-spasmodic* action... no atropine or belladonna-like side effects.¹ controls acid... the preferred antacid... neutralizes hyperacidity promptly.² promotes healing... the protective antacid... provides a soothing coating that covers the ulcerated area.³ halts erosion... the preventive antacid... anti-enzyme action curbs necrotic effects of pepsin and lysozyme.⁴ dosage: Adults: 2 to 4 teaspoonfuls Gel or 1 to 2 Tablets (should be chewed), every three hours as needed. Children: 1 or 2 teaspoonfuls Gel t.i.d.

*Bentyl—Merrell's quick-acting and safe antispasmodic.

1. McHardy, G. and Browne, D.: South. M. J. 45:1139, 1952. 2. Hufford, A. R.: Rev. Gastroenterol. 18:588, 1951. 3. Johnston, R. L.: J. Indiana M. A. 46:869, 1953. 4. Miller, B. N.: J. South Carolina M. A. 48:245, 1952.

**Merrell**

THE WM. S. MERRELL COMPANY
New York • CINCINNATI • St. Thomas, Ontario
Another Exclusive Product of Original Merrell Research

TRADEMARKS:
"BENTYL", KOLANTYL®

Each 10 cc. of KOLANTYL Gel or each KOLANTYL tablet contains: Bentyl Hydrochloride 5 mg., Aluminum Hydroxide Gel 400 mg., Magnesium Oxide 200 mg., Sodium Sulfate 25 mg., Methylcellulose 100 mg.

announcing...

Novahistine **LP**^{*} tablets



**patients with
colds... sinusitis
... rhinitis will
appreciate the
"Novahistine
LP Effect"**

When a patient begins breathing freely in a few minutes ... with all air passages cleared ... and this relief continues for as long as 12 hours after a single dose ... he is experiencing the "Novahistine LP Effect."

This "Effect" is produced by phenylephrine hydrochloride, a quick-acting, orally effective sympathomimetic, combined with chlorprophenpyridamine maleate, a potent histamine antagonist for synergistic decongestive action ... on all mucous membranes of the respiratory tract.

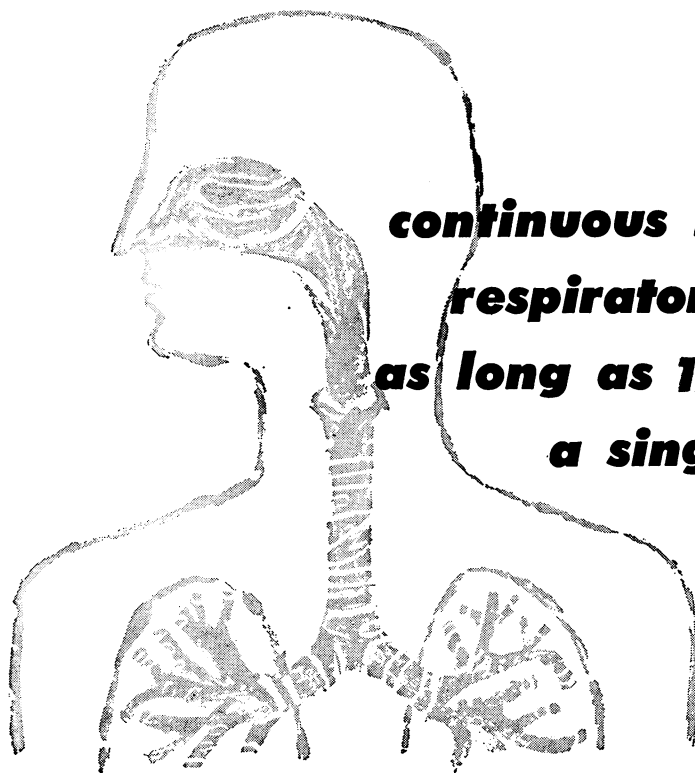
Each Novahistine LP Tablet contains:

Phenylephrine hydrochloride 20 mg.

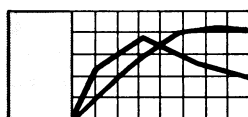
Chlorprophenpyridamine maleate 4 mg.

Supplied in bottles of 50 tablets.

^{*}Trademark

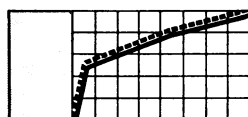


**continuous relief of
respiratory congestion for
as long as 12 hours with
a single dose**



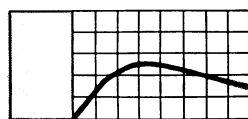
PROMPT RELIEF

Novahistine LP Tablets start releasing medication almost as rapidly as a solution.



CONTINUOUS RELEASE

Novahistine LP releases its decongestive drugs at a constant rate in both acid and alkaline media . . . assuring patients continuous relief whether the tablet is in the stomach or intestine.



SAFE RELIEF

With Novahistine LP there is no sudden "over-release" . . . no uneven, sporadic effects.

And easy to use, oral dosage eliminates patient misuse of nose drops, sprays and inhalants . . . is not likely to produce rebound congestion, mucosal damage and ciliary paralysis, nor make the patient "jittery."

Administration: Adults—2 tablets twice daily will provide an adequate therapeutic effect in the average patient. In resistant cases, a third daily dose may be indicated and can be safely given. Children over six—one-half the adult dose.



PITMAN-MOORE COMPANY

DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS 6, INDIANA

**When
smooth
muscle
spasm
gets
rough
on your
patients**



Like oil on troubled waters...



Formula

DONNATAL TABLETS
DONNATAL CAPSULES
DONNATAL ELIXIR (per 5 cc.)

Hyoscyamine Sulfate.....0.1037 mg.
Atropine Sulfate0.0194 mg.
Hyoscine Hydrobromide..0.0065 mg.
Phenobarbital (¼ gr.).... 16.2 mg.

DONNATAL EXTENTABS®
(Extended Action Tablets)

Each Extentab (equivalent to 3 Tablets) provides sustained 1-tablet effects...evenly, for 10 to 12 hours — all day or all night on a single dose.

DONNATAL®

provides superior spasmolysis

through provision of natural belladonna

alkaloids in optimal ratio, with phenobarbital



A. H. ROBINS CO., INC., RICHMOND 20, VA.

NOW...A NEW TREATMENT

'CARDILATE'*

for **THE PROPHYLAXIS OF**
ANGINA PECTORIS

'Cardilate' tablets  shaped for easy retention
in the buccal pouch

"... the degree of increase in exercise tolerance which sublingual erythrol tetranitrate permits, approximates that of nitroglycerin, amyl nitrite and octyl nitrite more closely than does any other of the approximately 100 preparations tested to date in this laboratory."

"Furthermore, the duration of this beneficial action is prolonged sufficiently to make this method of treatment of practical clinical value."

Riseman, J. E. F., Altman, G. E., and Koretsky, S.:
Nitroglycerin and Other Nitrites in the Treatment of
Angina Pectoris, *Circulation* (Jan.) 1958.

*'Cardilate' brand Erythrol Tetranitrate SUBLINGUAL TABLETS, 15 mg. scored



BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, New York

In Asthma

MEDIHALER[®]

automatic measured-dose aerosol medication

For Ample Air Right Now!



NOTHING IS QUICKER • NOTHING IS MORE EFFECTIVE

Medihaler-EPI[®]

For quick relief of bronchospasm of any origin. More rapid than injected epinephrine in acute allergic attacks.

Epinephrine bitartrate, 7.0 mg. per cc., suspended in inert, nontoxic aerosol vehicle. Contains no alcohol. Each measured dose 0.15 mg. actual epinephrine.

Medihaler-ISO[®]

Unsurpassed for rapid relief of symptoms of asthma and emphysema.

Isoproterenol sulfate, 2.0 mg. per cc., suspended in inert, nontoxic aerosol vehicle. Contains no alcohol. Each measured dose 0.06 mg. actual isoproterenol.

Prescribe MediHALER medication with Oral Adapter on first prescription. Refills available without Oral Adapter.

Medihaler-Phen[®]

Automatic NASAL aerosol nebulization provides prompt, effective, prolonged, and nonirritating decongestion in head colds, allergic rhinitis, sinusitis, and nasopharyngitis. Vasoconstrictive, decongestive, anti-inflammatory, antibacterial. Combines actions of phenylephrine, phenylpropanolamine, neomycin, and hydrocortisone.

FOR KIDDIES TOO

Notably safe and effective for children.
Nonbreakable, spillproof.



LOS ANGELES

EPILEPSY

dramatic
control
of
seizures

DIAMOX

ACETAZOLAMIDE LEDERLE

Administered by mouth to 126 patients with various forms of epilepsy, many of whom were refractory to standard therapy, DIAMOX gave practically complete control of seizures in 34 cases, 90-99% reduction of seizures in an additional 12 cases, 50-90% in 22 cases, less than 50% in 58 cases. Diet was not restricted. *In at least half of the patients benefited, DIAMOX was used alone.*

In no cases was the condition made worse. No serious abnormalities of blood, urine, or bone were observed during treatment, *which was maintained over periods from three months to three years.*

Measures having a beneficial influence on epi-

leptic seizures often involve certain drawbacks. In contrast, DIAMOX is simple to administer, has a wide margin of safety, produces a smaller systemic acidosis, *has an effect that is surprisingly well sustained.*

A highly versatile drug, DIAMOX has also proved singularly useful in other conditions, including cardiac edema, acute glaucoma, obesity, premenstrual tension, toxemias and edema of pregnancy.

Supplied: Scored tablets of 250 mg., syrup containing 250 mg. per 5 cc. teaspoonful.

1. Lombroso, C. T., Davidson Jr., D. T., and Grossi-Bianchi, M. L.: Further Evaluation of Acetazolamide (DIAMOX) in Treatment of Epilepsy, *J.A.M.A.* 160 268-272, 1956.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

*Reg. U.S. Pat. Off.



ESTABLISHED CHLOROM

COMBATS MOST CLINICALLY IMPORTANT PATHOGENS

In a recent report of five years' experience involving 2,142 patients, the authors conclude that CHLOROMYCETIN (chloramphenicol, Parke-Davis) is a valuable and effective antibiotic in the treatment of various acute infectious diseases.¹

Other current reports of *in vivo* and *in vitro* studies agree that CHLOROMYCETIN has maintained its effectiveness very well against both gram-negative²⁻⁶ and gram-positive^{2,6-10} organisms.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

REFERENCES (1) Woolington, S. S.; Adler, S. J., & Bower, A. G., in Welch, H., & Marti-Ibanez, F.: *Antibiotics Annual 1956-1957*, New York, Medical Encyclopedia, Inc., 1957, p. 365. (2) Ditmore, D. C., & Lind, H. E.: *Am. J. Gastroenterol.* 28:378, 1957. (3) Hasenclever, H. F.: *J. Iowa M. Soc.* 47:136, 1957. (4) Waisbren, B. A., & Strelitzer, C. L.: *Arch. Int. Med.* 99:744, 1957. (5) Holloway, W. J., & Scott, E. G.: *Delaware M. J.* 29:159, 1957. (6) Rhoads, P. S.: *Postgrad. Med.* 21:563, 1957. (7) Petersdorf, R. G.; Bennett, I. L., Jr., & Rose, M. C.: *Bull. Johns Hopkins Hosp.* 100:1, 1957. (8) Royer, A.: *Changes in Resistance to Various Antibiotics of Staphylococci and Other Microbes*, paper presented at Fifth Ann. Symp. on Antibiotics, Washington, D. C., Oct. 2-4, 1957. (9) Doniger, D. E., & Parenteau, Sr. C. M.: *J. Maine M. A.* 48:120, 1957. (10) Josephson, J. E., & Butler, R. W.: *Canad. M. A. J.* 77:567 (Sept. 15) 1957.

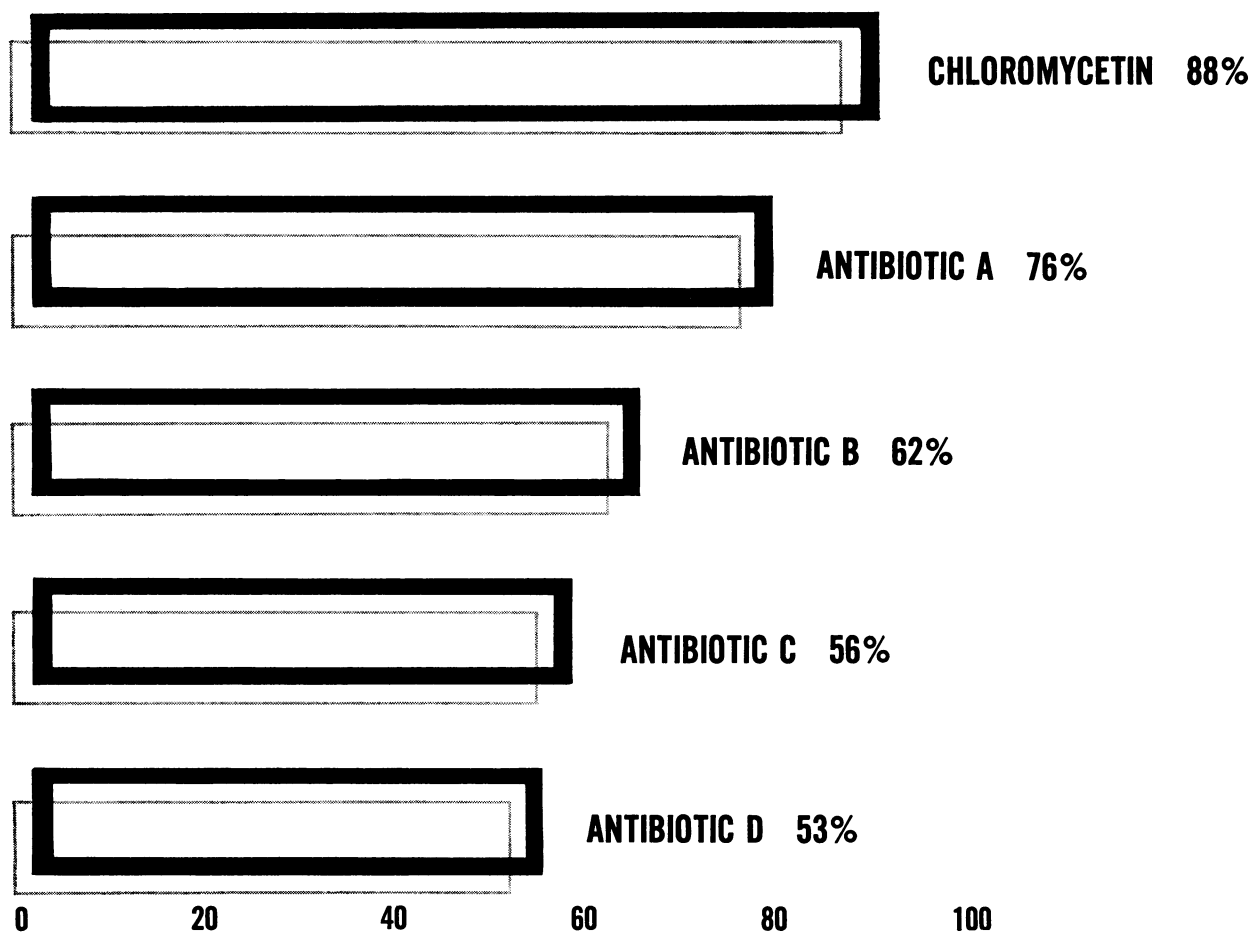
PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN



EFFICACY

YCGETIN[®]

**IN VITRO SENSITIVITY OF MIXED PATHOGENS TO CHLOROMYCETIN
AND 4 OTHER WIDELY USED ANTIBIOTICS***



*Adapted from Ditmore and Lind.² Organisms tested were isolated from stools of 48 patients.

New Potentiated Pain Relief

A.P.C.^{WITH} Demerol[®] Tablets

*Each tablet
contains*

Aspirin.....	200 mg. (3 grains)
Phenacetin.....	150 mg. (2½ grains)
Caffeine.....	30 mg. (½ grain)
Demerol [®] hydrochloride.....	30 mg. (½ grain)

Average Adult Dose... 1 or 2 tablets
repeated in three or four hours as needed.

marked potentiation of analgesia

plus mild sedation
..... antispasmodic action
..... antipyretic action
..... no constipation
..... no interference with micturition

ASIATIC INFLUENZA — A.P.C. with Demerol is indicated for highly effective symptomatic treatment of the severe headache, muscle aches, sore throat, fever, intestinal cramps, malaise and coryza characteristic of this disease.

Winthrop
LABORATORIES

NEW YORK 18, N. Y. • WINDSOR, ONT.

Supplied in bottles of 100 tablets.

NARCOTIC BLANK REQUIRED

Demerol (brand of meperidine), trademark reg. U. S. Pat. Off.



for a lady in a gingerbread house . . .

Many an overweight patient finds the urge to eat between meals irresistible. Were she the lady of a gingerbread house, she'd be roofless in a matter of days.

Your prescription for 'Dexedrine' *Spansule* capsules, however, can help put an end to between-meal snacking, because one 'Spansule' capsule provides effective appetite control not only at mealtime *but also between meals*.

Dexedrine* Spansule*

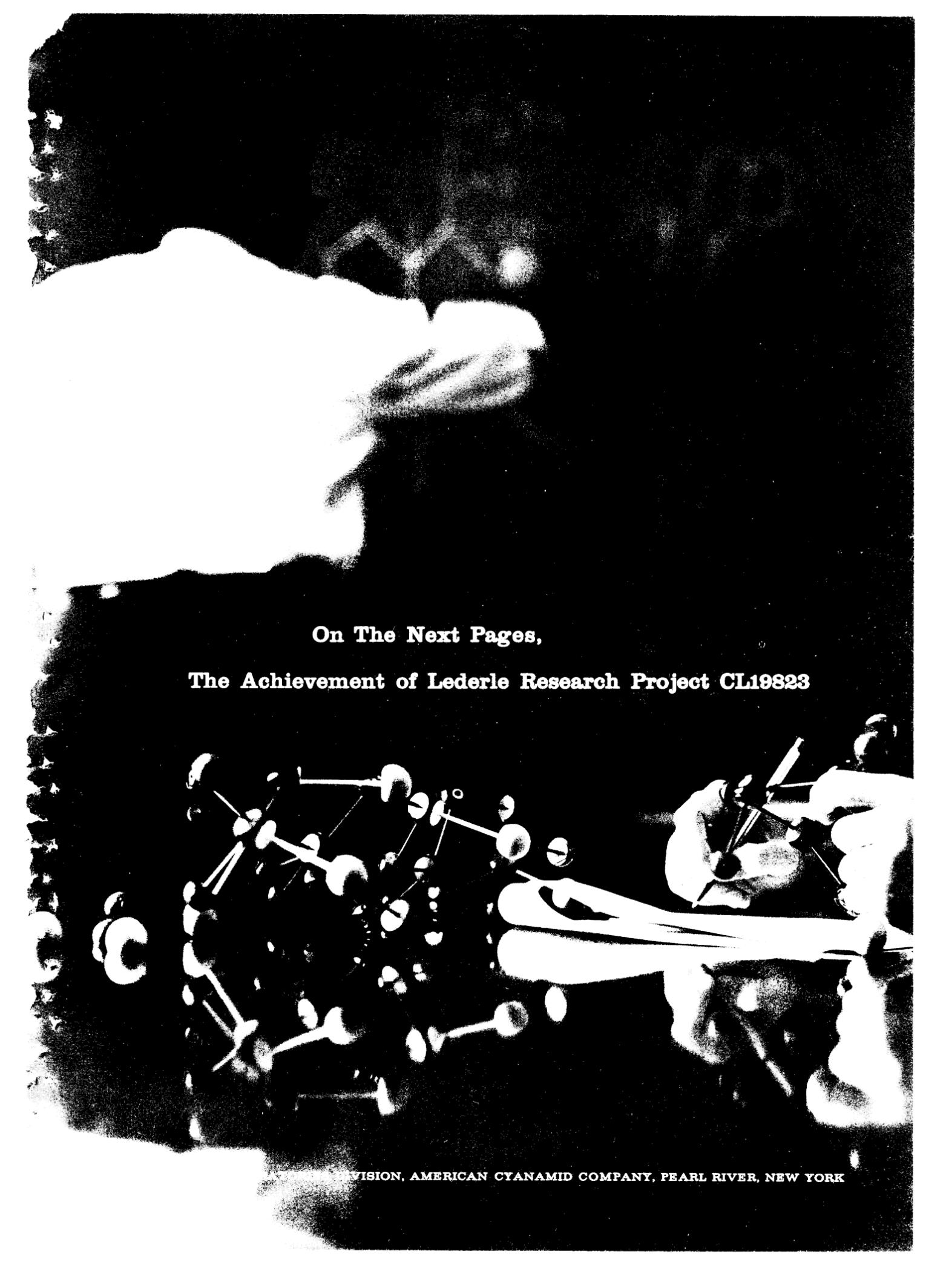
dextro-amphetamine sulfate, S.K.F.

sustained release capsules, S.K.F.

Smith Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off.

Available: 5 mg., 10 mg., and 15 mg.



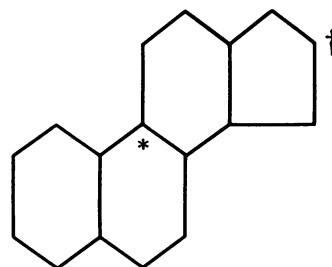
**On The Next Pages,
The Achievement of Lederle Research Project CL19823**

LABORATORY DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

Lederle announces a major drug with great new promise

Arist

a new corticosteroid created to minimize the
major deterrents to all previous steroid therapy



ocort[®]

Triamcinolone LEDERLE

9 alpha-fluoro-16 alpha-hydroxyprednisolone
* †

Lederle

- ◇ **a new high** in anti-inflammatory effects with lower dosage
(averages $\frac{1}{3}$ less than prednisone)
- ◇ **a new low** in the collateral hormonal effects associated
with all previous corticosteroids
 - ◇ No sodium or water retention
 - ◇ No potassium loss
 - ◇ No interference with psychic equilibrium
 - ◇ Lower incidence of peptic ulcer and osteoporosis

Biological Effects of **ARISTOCORT**

with
particular emphasis
on:

Kidney function

Animal studies on **ARISTOCORT**¹ have not demonstrated any interference with creatinine or urea clearance. Autopsy surveys of organs of animals on prolonged study of this medication have shown no renal damage.

Sodium and water

ARISTOCORT produced an increase of 230 per cent of water diuresis and 145 per cent sodium excretion when compared to control animals.¹ Metabolic balance studies in man revealed an average negative sodium balance of 0.8 Gm. per day throughout a 12-day period on a dosage of 30 mg. per day.² Additional balance studies showed actual sodium loss when **ARISTOCORT** was given in doses of 12 mg. daily.³ Other investigators observed significant losses of sodium and water during balance studies and that those patients with edema from some older corticosteroids lost it when transferred to **ARISTOCORT**.^{4,5} In two studies of various rheumatic disorders (194 cases) on prolonged treatment, sodium and water retention was not observed in a single case.^{6,7}

Potassium and chlorides

There was no active excretion of potassium or chloride ions in animals given maintenance doses of **ARISTOCORT** 25 times that found to be clinically effective.¹ Potassium balance studies in humans^{2,3} revealed that negative balance did not occur even with doses somewhat higher than those employed for prolonged therapy in rheumatoid arthritis. Hypokalemia, hyperkalemia or hypochloremia did not occur, when tested, in 194 patients with rheumatoid arthritis treated for up to ten and one-half months.^{6,7}

Calcium and phosphorus

Phosphate excretion in animals¹ was not changed from normal even with amounts 25 times greater (by body weight) than those known to be clinically effective. Human metabolic balance studies³ demonstrated that no change in calcium excretion occurred on dosages usually employed clinically when the compound is administered for its anti-inflammatory effect. Even at a dosage level twice this, slight negative balance appeared only during a short period.

Protein and nitrogen balance

Positive nitrogen balance was maintained during a human metabolic study on maintenance dosage of 12 mg. per day.³ At dosages two to three times normal levels, positive balance was maintained except for occasional short periods in metabolic studies of several weeks' duration.^{2,3}

There was always a tendency for normalization of the A/G ratio and elevation of blood albumin when **ARISTOCORT** was used in treating the nephrotic syndrome.⁸



Liver glycogen deposition and inflammatory processes

An intimate correlation exists between the ability of a corticosteroid to cause deposition of glycogen in the liver and its capacity to ameliorate inflammatory processes.

In animal liver glycogen studies, relative potencies of ARISTOCORT over cortisone of up to 40 to 1 have been observed. Compared to ARISTOCORT, five to 12 times the amount of prednisone is required to produce varying but equal amounts of glycogen deposition in the liver.¹

Most patients show normal fasting blood sugars on ARISTOCORT. Diabetic patients on ARISTOCORT may require increased insulin dosage, and occasional latent diabetics may develop the overt disease.

Anti-inflammatory potency of ARISTOCORT was determined by both the asbestos pellet¹ and cottonball⁹ tests. It was found to be nine to 10 times more effective than hydrocortisone in this respect.

Gastric acidity and pepsin

The precise mode of ulcerogenesis during treatment with corticosteroids is not known. There is much experimental evidence for believing this may be related to the tendency of these agents to increase gastric pepsin and acidity—and this cannot be abolished by vagotomy, anticholinergic drugs or gastric antral resection.¹⁰ Clinical studies¹¹ of patients on ARISTOCORT revealed that uropepsin excretion is not elevated. Further, their basal acidity and gastric response to histamine stimulation were within normal limits.

Central nervous system

The tendency of corticosteroids to produce euphoria, nervousness, mental instability, occasional convulsions and psychosis is well known.¹² The mechanism underlying these disturbances is not well understood.

ARISTOCORT, on the contrary, does not produce a false sense of well being, insomnia or tension except in rare instances. In the treatment of 824 patients, for up to one year, not a single case of psychosis has been produced. In general, it appears to maintain psychic equilibrium without producing cerebral stimulation or depression.

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The Promise of Aristocort

in Reduction of Side Effects

◊ It is axiomatic to affirm that the undesirable collateral hormone effects of corticosteroids increase in frequency and severity the higher the dosage and the longer used.

It has also become well recognized that the most serious of the major side effects from long-term corticosteroid treatment are peptic ulcers, osteoporosis with fracture, drug psychosis and euphoria, and sodium and water retention leading often to general tissue edema and hypertension.

It is significant that of the close to 400 patients on the lower dosage schedules found effective in bronchial asthma and dermatologic conditions, only 1 case of peptic ulceration has developed. No other of the above side effects have been observed even though ARISTOCORT was administered continuously to them for periods as long as one year.

The treatment of rheumatoid arthritis with steroids appears to result in the highest incidence of side effects. For this reason, the side effects associated with ARISTOCORT therapy in 292 patients with rheumatoid arthritis are below compared to the reported incidence of those from prednisone and prednisolone.

Peptic Ulcer

The most recent study available on the incidence of peptic ulceration in patients with rheumatoid arthritis on long-term prednisone therapy reported 12 ulcers in 49 cases (24 per cent).¹ Lowest incidence of 6.5 per cent has been recorded in a group of patients on this drug for six to nine months.² Four of six ulcers, in another series of 39 patients on prednisone,³ appeared in less than three months of therapy.

The occurrence of peptic ulcer in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is approximately 1 per cent (2 of the 3 occurred in patients transferred from prednisone). In the remaining 532 cases recently

analyzed, only one ulcer has been discovered in a patient who apparently had no ulcer when he was changed from another steroid.

Osteoporosis and Compression Fractures

The incidence of compressed fractures of vertebrae—and to a lesser extent in other bones—is high in patients on prolonged therapy with all previous corticosteroids.⁴ One group of 49 patients¹ on long-term prednisone treatment experienced nine vertebral fractures (18 per cent); another series of 39 developed eight fractures (20 per cent),³ four to 15 months after the beginning of steroid administration.

The occurrence of osteoporosis with compression fracture in 292 patients with rheumatoid arthritis treated continuously for up to one year with ARISTOCORT is 0.33 per cent (1 case⁵). Although these results are encouraging, determination of the true incidence of osteoporosis will have to await the passage of more time.

Euphoria and Psychosis

The euphoria so commonly produced by all previous corticosteroids has seemed a most desirable attribute to patients. In penalty, however, they have often later to pay for this by mental disturbances, varying from mild and transitory to severe depression and psychosis,⁴ and toxic syndromes producing even convulsions and death.⁶

Since the onset of these complications is not directly related to duration of steroid administration,⁷ the fact that not one case of psychosis occurred in 824 patients treated with ARISTOCORT, is most encouraging.

Sodium Retention—Hypertension—Potassium Depletion

When 17 patients were changed from prednisone to ARISTOCORT, 11 rapidly lost weight although only one had had visible edema.⁸ Sodium and water retention, hypokalemia or hyperkalemia and steroid hypertension did not appear in 194 rheumatoid arthritis patients treated with ARISTOCORT.^{5,9}

The interrelation between blood and body sodium, and steroid hypertension has long been generally appreciated.^{10,11} Except in rare instances, or when unusually high doses are used (e.g., leukemia), the problem of edema and hypertension caused by sodium and water retention, has been eliminated with ARISTOCORT.

Minor Side Effects

Collateral hormonal effects of less serious consequence occurred with approximately the same frequency as with the older corticosteroids.⁵ These include erythema, easy bruising, acne, hypertrichosis, hot flashes and vertigo. Several investigators have reported symptoms not previously described as occurring with corticosteroid therapy, e.g., headaches, light-headedness, tiredness, sleepiness and occasional weakness.

Moon facies and buffalo humping have been seen in some patients on ARISTOCORT. However, ARISTOCORT therapy, in many instances, resulted in diminution of "Cushingoid" signs induced by prior therapy. Where this occurs, it may be related to reduced dosage on which patients can be maintained.

Reduction of dosage by one-third to one-half

In a double-blind study of comparative dosage in patients with rheumatoid arthritis,¹² 70 per cent of the cases were as well controlled on a dose of ARISTOCORT one-half that of prednisone. A general recommendation can be made that ARISTOCORT be used in doses two-thirds that of prednisone or prednisolone in the treatment of rheumatoid arthritis. There are individual variations, however, and each patient should be carefully titrated to produce the desired amount of disease suppression.

Comparative studies, of patients changed from prednisone, indicate reduced dosage of ARISTOCORT in bronchial asthma and allergic rhinitis (33 per cent),⁸ and in inflammatory and allergic skin diseases (33-50 per cent).^{13,14}

General Precautions and Contraindications

Administration of ARISTOCORT has resulted in a lower incidence of the major serious side effects, and in fewer of the troublesome minor side effects known to occur with all previously available corticosteroids. However, since it is a highly potent glucocorticoid, with profound metabolic effects, all traditional contraindications to corticosteroid therapy should be observed.

No precautions are necessary in regard to dietary restriction of sodium or supplementation with potassium.

Since ARISTOCORT has less of the traditional side effects, the appearance of sodium and water retention, potassium depletion, or steroid hypertension cannot be used as signs of overdosage. As a rule patients will lose some weight during the first few days of treatment as a result of urinary output, but then the weight levels off.

Patients do not develop the abnormally voracious appetite common to previous corticosteroid administration. In fact, some patients experienced anorexia, and it is advisable to inform patients of this and to recommend they maintain a normal intake of food, with emphasis on liberal protein intake.

While precipitation of diabetes, peptic ulcer, osteoporosis, and psychosis can be expected to appear rarely from ARISTOCORT, they must be searched for periodically in patients on long-term steroid therapy.

Traditional precautions should be observed in gradually discontinuing therapy, in meeting the increased stress of operation, injury and shock, and in the development of intercurrent infection.

There is one overriding principle to be observed in the treatment of any disease with ARISTOCORT. *The amount of the drug used should be carefully titrated to find the smallest possible dose which will suppress symptoms.*

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The Promise of Aristocort

in Rheumatoid Arthritis

○ ARISTOCORT therapy has been intensely and extensively studied for periods up to one year on 292 patients with rheumatoid arthritis.

Significant is the fact that most patients were severe arthritics, transferred to ARISTOCORT from other corticosteroids because satisfactory remission had not been attained, or because the seriousness of collateral hormonal effects had made discontinuance desirable.

Results of treatment

Freyberg and associates¹ treated 89 patients with rheumatoid arthritis (A. R. A. Class II or III and Stage II or III). Of these, 51 were on ARISTOCORT therapy from three to over 10 months. In all but a few patients, satisfactory suppression of rheumatoid activity was obtained with 10 mg. per day. Thirteen were controlled on 6 mg. or less a day, and for periods to 180 days. The investigators reported therapeutic effect in most cases to be A. R. A. Grade II (impressive) and that marked reduction in sedimentation rates occurred.

Another interesting observation in this study: Of the 89 patients treated, 12 had active ulcers, developed from prior steroid therapy. *In six patients, the ulcers healed while on doses of ARISTOCORT sufficient to control arthritic symptoms.*

Hartung² treated 67 cases of rheumatoid arthritis for up to 10 months. He found the optimum maintenance dose to be 11 mg. per day. Nineteen of these patients were treated for six to 10 months with an "excellent" therapeutic response.

Dosage and course of therapy

The initial dosage range recommended is 14 to 20 mg. per day—depending on the severity and acuteness of signs and symptoms. Dosage is divided into four parts and given with meals and at bedtime. Anti-rheumatic effect may be evident as early as eight hours, and full response often obtained within 24 hours. This dosage schedule should be continued for two or three days, or until all acute manifestations of the disease have subsided, whichever is later.

The maintenance level is arrived at by reduction of the total daily dosage in decrements of 2 mg. every three days. The range of maintenance therapy has been found to be from 2 mg. to 15 mg. per day—with only a very occasional patient requiring as much as 20 mg. per day. Patients requiring more than this should not be long continued on steroid therapy.

The aim of corticosteroid therapy in rheumatoid arthritis is to suppress the disease only to the stage which will enable the patient to carry out the required activities of normal living or to obtain reasonable comfort. The maintenance dose of ARISTOCORT to achieve this end is arrived at while making full use of all other established methods of controlling the disease.

ARISTOCORT is available in 2 mg. scored tablets (pink); 4 mg. scored tablets (white). Bottles of 30.

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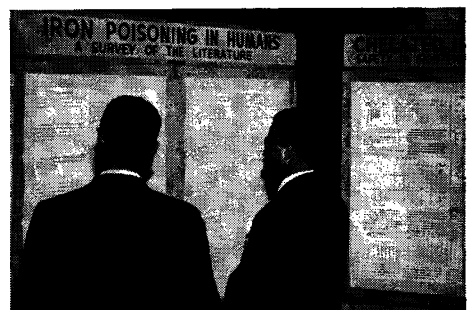
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JIMMY J.: A CASE HISTORY OF ACCIDENTAL IRON POISONING

Reports of accidental poisoning by oral iron are increasingly common in current literature. However, a recent editorial (South. M. J. 50:117, 1957) can still describe the "shock when it was clearly demonstrated less than a decade ago that iron salts were not without danger to young children, and might even result in their death."

A Scientific Exhibit on "Iron Poisoning"* at the recent A. M. A. Clinical Meeting in Philadelphia points up the immediacy of the problem and sheds new light on the mechanism of iron toxicity. The case history illustrated here is typical of many mentioned in the exhibit. Ferrous sulfate poisoning is quick and often fatal. Even immediate and positive treatment is not always successful.



*Scientific Exhibit on "Iron Poisoning" by W. G. Rohse, Ph.D.; C. R. Kemp, Ph.D.; M. Franklin, M.D., and J. de la Huerga, M.D. at the American Medical Association Clinical Meeting, December 3-6, 1957. Philadelphia, Pa.

This is an advertisement prepared by *Flint* EATON & COMPANY, Decatur, Illinois
Case history pictured here was adapted from recently published report. Bibliographic reference available on request.

The curious, searching quality of a child can be a wondrous thing, wandering continually through a world of new sights and sounds and new objects that need to be experienced. But often the inquiring hand of the child inadvertently finds pain.

This is the case history of Jimmy J., an 18-month-old boy brought to the hospital with a complaint of diarrhea and vomiting. When first seen, Jimmy was in shock. It developed that he had eaten a number of enteric-coated ferrous sulfate tablets about two hours earlier. He vomited ten of the tablets soon after, and vomited again on administration of egg yolk. Now he was weak and somnolent, with hyperactivity of deep reflexes.

Initial laboratory examination showed a hemoglobin of 10.8 grams, RBC 5.4 million, WBC 52,000. *Serum iron level was approximately 55 times higher than normal — 8150 mcg./100 cc.* Necrotic intestinal mucosa was passed per anum.

Forced fluids, antibiotics and dextrose were started, but the patient remained in shock until given 150 cc. of whole blood by scalp-vein transfusion. Subsequent treatment included milk with added electrolytes, vitamin K and levulose. Jaundice developed two days after admission but cleared in five days. Bone marrow was compatible with tissue breakdown or with chronic infection.

Six days after admission, Jimmy was able to take a general diet. Serum iron returned to normal, the patient became asymptomatic eleven days after admission, and was then discharged.

Jimmy was fortunate; approximately one out of every two cases of iron intoxication do not recover.



Jimmy was fed the ferrous sulfate tablets by his older brother. Attractively colored sugar-coated pills have an appeal for young palates, yet may often prove fatal.



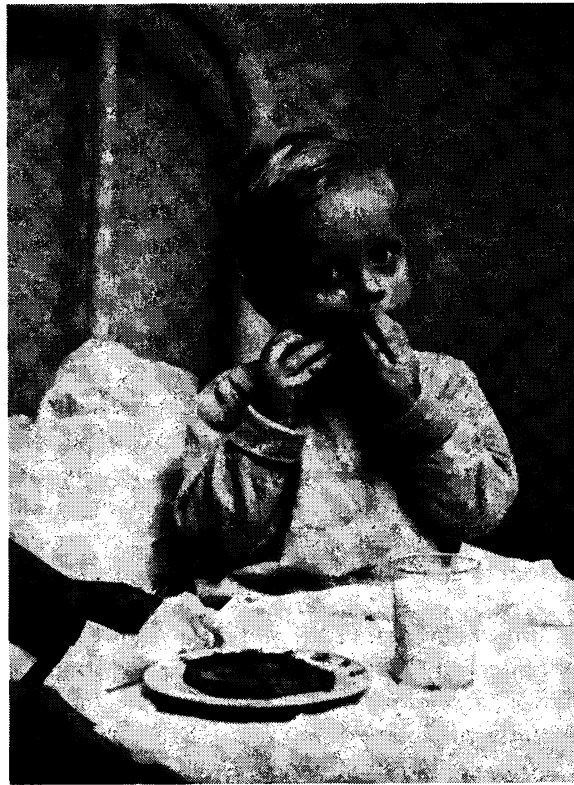
On admission to the hospital just two hours later, Jimmy presented the classic triad of iron poisoning—vomiting, shock, leukocytosis. Treatment was started immediately.



Necrotic mucosal tissue passed by rectum indicated local g.i. damage caused by the corrosive action of the tablets. Fluoroscope confirmed presence of tablet material.



Significantly, serum iron level prior to transfusion had risen to 8150 mcg./100 cc., more than 50 times higher than normal, indicating uncontrolled absorption of iron salts from the child's intestinal tract.

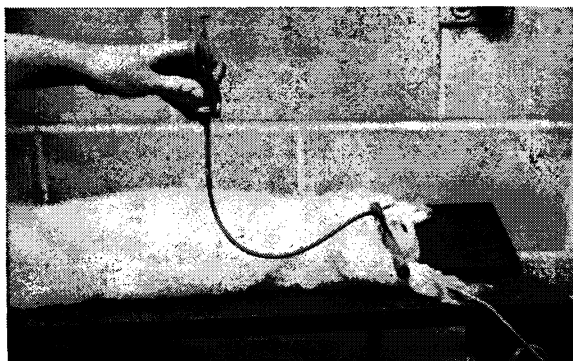


Despite apparent damage to g.i. tissue, Jimmy was able to take food by mouth six days after admission. Thus, systemic toxicity may not be related to tissue damage.

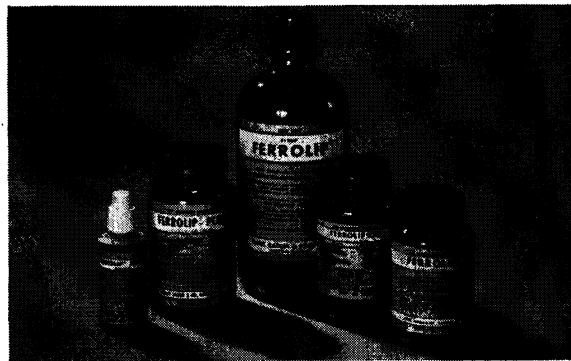
RECENT FINDINGS INDICATE CHELATION MINIMIZES RISK OF IRON TOXICITY

Studies of iron intoxication described in the recent A. M. A. Scientific Exhibit consistently reveal a direct ratio between elevation of serum iron and incidence of fatality. In a series of dogs and rabbits given 250 mg. iron per Kg. as aqueous solutions of ferrous sulfate or gluconate, all animals died. As in the case of Jimmy, toxicity in these experimental animals was al-

ways associated with serum iron elevation far beyond total binding capacities. However, in other animals given equal amounts of iron as iron choline citrate (FERROLIP®), an iron chelate, all rabbits and 90 per cent of dogs survived without evidence of toxicity. Thus, *chelated* iron seemed to permit controlled absorption of iron as needed, without decrease in hematinic effect.



Animal studies confirm relationship of fatality to excessive serum iron elevation with ferrous sulfate or gluconate.

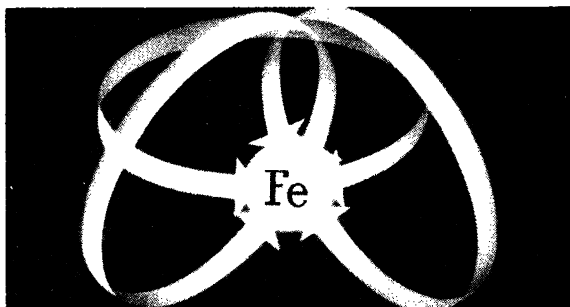


A new iron chelate (iron choline citrate—FERROLIP) appears to avoid this excessive elevation of serum iron.

FERROLIP... EFFECTIVE AND SAFE

The inherent safety of FERROLIP is apparently due to chelation. The iron complex—"chelated," or bound—apparently can be absorbed and utilized by the body as physiologically needed, at a controlled rate, thus essentially obviating the possibility of excessive free iron in the blood stream. In contrast to readily dissociable iron salts such as ferrous sulfate or ferrous gluconate, experimental evidence has shown that massive doses of FERROLIP have rarely been associated with a dangerous elevation in serum iron.

FERROLIP has additional practical advantages over other forms of iron therapy. As a chelate, it is nonionized, nonastringent, and it remains in solution at pH levels up to 10.5. Consequently, FERROLIP is essentially free from g.i. irritation; it is not precipitated by protein or phosphate, and it can be given in milk or formula; also FERROLIP does not attack or discolor the teeth.



The Greek word *chele* means a claw. The term *chelation* is now applied to chemical processes whereby metallic ions are sequestered or bound into claw-like rings within certain organic molecules. Chelation can be applied to any problem wherein ions of a metal cause trouble. The iron in FERROLIP is bound by this process.

FERROLIP is available in the following forms:
TABLETS—Three FERROLIP Tablets supply 1.0 Gm. of iron choline citrate equivalent to 120 mg. of elemental iron and 360 mg. of choline base.

SYRUP—One fl.oz. of FERROLIP Syrup provides 120 mg. elemental iron, equivalent of 3 tablets.

DROPS—Each cc. of FERROLIP Drops provides 16 mg. elemental iron and 48 mg. choline base.

DOSAGE: Adults, 1 or 2 tablets or 2 to 4 teaspoonfuls of syrup t.i.d.; children, 1 tablet or 2 teaspoonfuls t.i.d.; 0.5 cc. of drops supplies M.D.R. for infants and children up to 6 years—therapeutic dose as determined by physician.

FERROLIP[®]

Iron Choline Citrate

a physiologic iron chelate

**for RESULTS WITHOUT RISK
in iron deficiency anemia**

TABLETS	Bottles of 100 and 1000
SYRUP	Pints and gallons
DROPS	30-cc. dropper bottles

also available:

FERROLIP ob
during pregnancy

just 1 tablet t.i.d. (the daily dose) provides:

FERROLIP (Iron Choline Citrate*)	150 mg.
Tricalcium Citrate	600 mg.
Calcium Gluconate	300 mg.
Thiamine Mononitrate	3 mg.
Riboflavin	3 mg.
Niacinamide	30 mg.
Calcium Pantothenate	10 mg.
Pyridoxine Hydrochloride	10 mg.
Ascorbic Acid	200 mg.
Folic Acid	0.5 mg.
Vitamin B ₁₂ with Intrinsic Factor Concentrate	1 U.S.P. Unit (Oral)
Vitamin A	5000 Units
Vitamin D	500 Units

DOSAGE: 1 tablet t.i.d.

SUPPLIED: Bottles of 60, 100, and 1000.

FERROLIP plus
for macrocytic and microcytic anemias

Each capsule contains:

FERROLIP (Iron Choline Citrate)	200 mg.
Vitamin B ₁₂ with Intrinsic Factor Concentrate	1/3 U.S.P. Unit (Oral)
Liver, Desiccated, N.F.	100 mg.
Ascorbic Acid	50 mg.
Folic Acid	0.5 mg.
Thiamine Hydrochloride	2 mg.
Riboflavin	1 mg.
Pyridoxine Hydrochloride	0.5 mg.

DOSAGE: 1 capsule t.i.d.

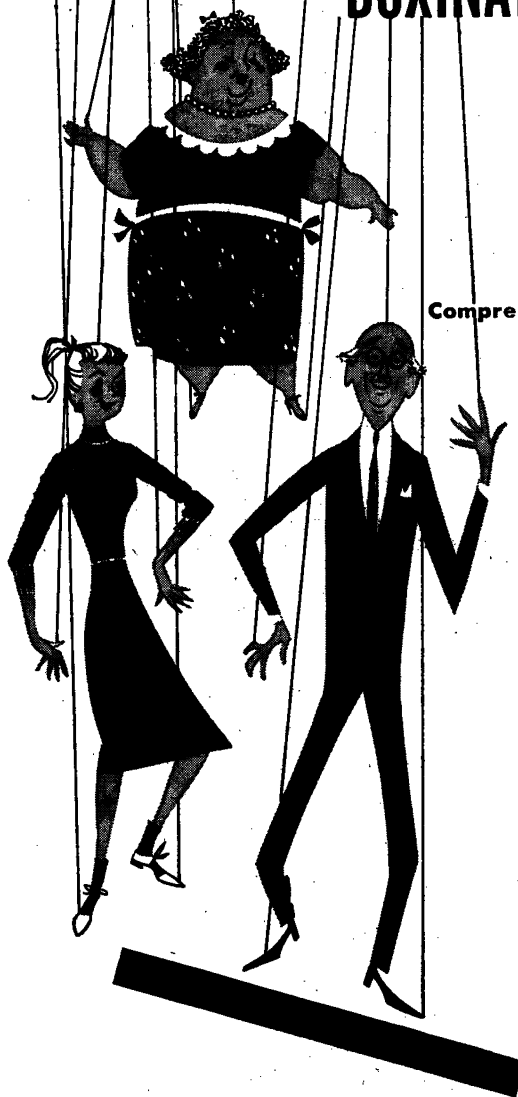
SUPPLIED: Bottles of 60, 100, and 1000. Also available: FERROLIP plus Liquid, in 8-fl.oz. and gallon bottles.

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COMPREHENSIVE CONTROL OF CONSTIPATION

PROVIDES SOFT STOOLS GENTLY STIMULATED TO EVACUATION

DOXINATE® with DANTHRON (Doxan)



— the original dioctyl sodium sulfosuccinate
fecal softener combined with danthron, the non-
irritating, non-habit forming laxative —

Comprehensive control of constipation with Doxan . . .

- ★ prevents fecal dehydration and gently stimulates the lower colon in functional constipation
- ★ synergistically provides, with a subclinical dosage, peristaltic action on a soft, "normal" intestinal content rather than on the hardened mass typical of constipation
- ★ results in soft stools gently stimulated to evacuation . . . and restores normal bowel habits

Doxinate with Danthron (Doxan) is supplied as brown, capsule-shaped tablets containing 60 mg. dioctyl sodium sulfosuccinate and 50 mg. 1,8-dihydroxyanthraquinone.

Usual adult dose: One or two capsule tablets at bedtime. Bottles of 30 and 100.

When fecal softening alone is indicated—
Doxinate 240 mg.—provides optimal once-a-day dosage for maintenance therapy.

Doxinate is a registered trademark of Lloyd Brothers, Inc.

LLOYD BROTHERS, INC.
CINCINNATI 3, OHIO

ACHROCIDIN^{*}

TETRACYCLINE-ANTIHISTAMINE-ANALGESIC COMPOUND **LEDERLE**

A versatile, well-balanced formula capable of modifying the course of common upper respiratory infections... particularly valuable during respiratory epidemics; when bacterial complications are likely; when patient's history is positive for recurrent otitis, pulmonary, nephritic, or rheumatic involvement.

Adult dosage for ACHROCIDIN Tablets and new caffeine-free ACHROCIDIN Syrup is two tablets or teaspoonfuls of syrup three or four times daily. Dosage for children according to weight and age.

Available on prescription only.

TABLETS (sugar coated) Each Tablet contains:

ACHROMYCIN® Tetracycline	125 mg.
Phenacetin	120 mg.
Caffeine	30 mg.
Salicylamide	150 mg.
Chlorothen Citrate	25 mg.

Bottles of 24 and 100.

SYRUP (lemon-lime flavored) Each teaspoonful (5 cc.) contains:

ACHROMYCIN® Tetracycline equivalent to tetracycline HCl	125 mg.
Phenacetin	120 mg.
Salicylamide	150 mg.
Ascorbic Acid (C)	25 mg.
Pyrimine Maleate	15 mg.
Methylparaben	4 mg.
Propylparaben	1 mg.

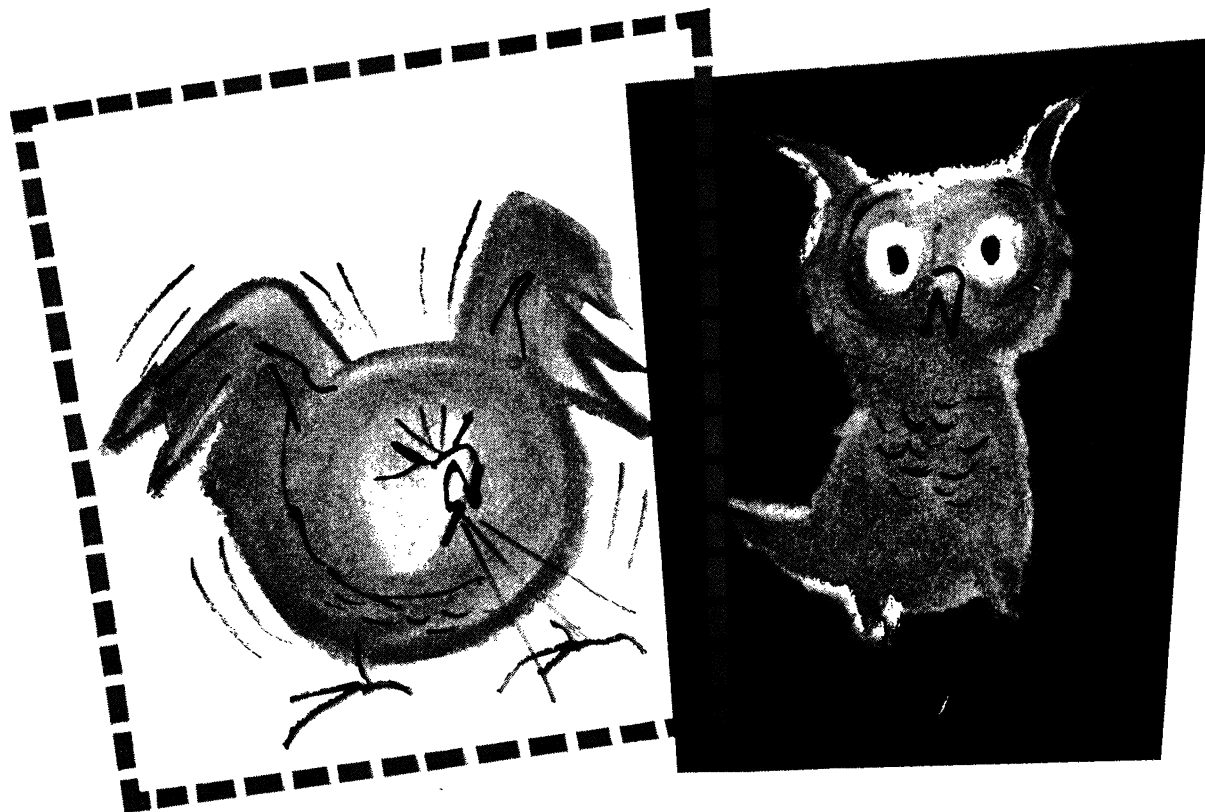
Bottle of 4 oz.



rapidly relieves the debilitating symptoms

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK
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Combats sneezes...without snoozes!

When colds, nasal allergies and smog irritation
bring sneezing, nasal discharge and
lacrimation, Neohetramine gives safe, sure
relief for patients on-the-go. Here's
antihistaminic action with minimum drowsiness!

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NEOHETRAMINE[®]

BRAND OF THONZYLAMINE HYDROCHLORIDE

a non-soporific antihistamine



victims of

fecal frustration

are effectively treated by



Bidrolar

Bidrolar combines a natural laxative with an effective stool softener. It provides effective combination therapy without the use of irritating bowel evacuants and without the disadvantages and lack of peristaltic action noted with the use of stool softeners alone.

Each Bidrolar tablet provides **ox bile**, 60 mg.—a peristaltic stimulant that produces natural laxation without irritating the bowel . . . and **dioctyl sodium sulfosuccinate**, 40 mg.—an effective stool softener that keeps feces soft for easy evacuation.

in fecal frustration **Bidrolar** *is naturally better*



THE ARMOUR LABORATORIES
A DIVISION OF ARMOUR AND COMPANY • KANKAKEE, ILLINOIS

NOW

COUNTERACT DEPRESSED MOODS *without stimulation*

- Relieves depression without euphoria
— *not a stimulant*
- Restores natural sleep without depressive aftereffects
— *not a hypnotic*
- Rapid onset of action
- Side effects are minimal and easily controlled

^Deprol^

Composition: Each tablet contains 400 mg. meprobamate and 1 mg. benactyzine HCl

Average Adult Dose:
1 tablet q.i.d.



WALLACE LABORATORIES, New Brunswick, N. J.

Literature and samples on request

*in every
arthritic state*



Consistent Gains in Functional Capacity Can Be Achieved with Conservative Therapy

The unemployable arthritic once again may undertake full employment and normal recreation. Patients once confined to the home or wheel chair often find it possible to engage in light work. And even bedridden patients can walk with comfort

again. These are the benefits of conservative therapy as demonstrated in long-term studies.^{1,2,3} In fact, in these four-year comparative studies of salicylate and cortisone, the corticoid showed no superiority over conservative therapy.

Superior Conservative Therapy Provided by Buffered Pabirin

Buffered Pabirin epitomizes modern, conservative therapy without the serious complications of corticoid therapy. Adrenal atrophy, peptic ulcers, moon-face, hypertension or psychotic reactions, a constant risk whenever corticoids are used,⁴⁻⁷ will

not occur with Buffered Pabirin. Month after month, Buffered Pabirin can be administered with a minimum of problems to patient and physician, and without the side effects common to the use of salicylates alone.

Buffered Pabirin combines new form and formulation for faster pain relief, improved gastric tolerance

Each tablet of Buffered Pabirin consists of an outer layer containing a buffer (aluminum hydroxide), para-aminobenzoic acid and ascorbic acid; an inner core of aspirin. The outer layer quickly releases aluminum hydroxide which affords superior buffering action and protects against gastric irritation. The core of Buffered Pabirin then disintegrates rapidly, permitting fast absorption of acetylsalicylic acid. PABA potentiates the acetylsalicylic acid and creates high salicylate blood levels. Ascorbic acid counteracts vitamin C depletion.

The new form and formulation of Buffered Pabirin provides high and sustained salicylate blood levels. It may be administered over long periods of time without the nausea, dyspepsia or other gastrointestinal symptoms so frequently experienced with salicylates alone.

in osteoarthritis, gouty arthritis, rheumatoid arthritis, bursitis, fibrositis, or tendinitis

Buffered Pabirin® Tablets

Each tablet contains:

Acetylsalicylic acid (5 gr.) 300 mg.
Para-aminobenzoic acid (5 gr.) 300 mg.
Ascorbic acid 50 mg.
Dried aluminum hydroxide gel 100 mg.
All Buffered Pabirin is sodium and potassium free
Dosage: Two or three tablets 3—4 times daily.

References: 1. Report of Joint Committee, Medical Research Council & Nuffield Foundation, Treatment of Rheumatoid Arthritis, British Medical Journal (May 29) 1223-1227, 1954. 2. *ibid.* (April 13) 847-850, 1957. 3. Hart, D.; Bagnall, A. W.; Bunim, J. J., and Polley, F. H.: Ninth International Congress on Rheumatic Diseases, Toronto, Ont. (June 25) 1957. 4. Lewis, L., *et al.*: Ann. Int. Med. 39:116, 1953. 5. Demartini, F., *et al.*: J.A.M.A. 158:1505, 1955. 6. Segaloff, A.: Ann. Allergy 12:565, 1954. 7. Kern, R. A.: Am. J. M. Sc. 233:430, 1957.

*Photographs show 2-stage Tandem
Release disintegration*

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska



Relieves Spasm, Pain, and Depression too

IN PARKINSONISM

Highly selective action...energizing against weakness, fatigue, adynamia and akinesia...potent against sialorrhea, diaphoresis, oculogyria and blepharospasm...lessens rigidity and tremor...alleviates depression...safe...even in glaucoma.

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U. S. Patent No. 2,567,351. Other patents pending.

Patients with muscle spasm of the usual types demand relief first. Disipal fills this need. In sprains, strains, fibrositis, noninflammatory arthritic states and other musculoskeletal disorders, Disipal not only relieves the spasm, but alleviates the depression which so often accompanies pain of any type.

Dosage: 1 tablet (50 mg.) t.i.d.



Meat...

and Protein Nutrition in Vascular Disease

Whether the eventual solution of the problem of atherogenesis will come out of the field of dietetics, biophysics, or pharmacology, one fact remains undeniable:

Adequate protein nutrition is considered of importance for the age group most commonly affected by disease of the vascular system, so that the demands of good nutritional health might be met.

Meat is outstanding among protein foods. It supplies all the essential amino acids, and closely approaches the quantitative proportions needed for biosynthesis of human tissue.

In addition, it is an excellent source of B vitamins, including B₆ and B₁₂, as well as iron, phosphorus, potassium, and magnesium.

When curtailment of fat intake is deemed indicated, meat need not always be denied the patient. Visible fat obviously should not be eaten. But the contained percentage of invisible (interstitial) fat is well within the limits of reasonable fat allowance.

The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

American Meat Institute
Main Office, Chicago...Members Throughout the United States

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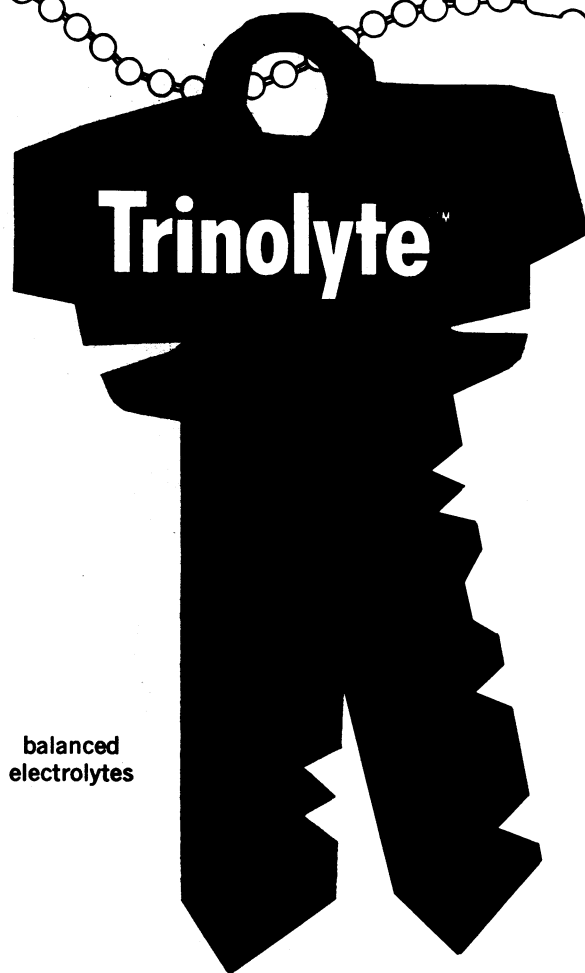
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regimen.*



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Trinolyte solution meets the needs of the usual surgical patient with normal renal function. It simplifies the physician's choice of electrolytes.

Each liter (1000 cc.) of Trinolyte contains: *Hydrous Dextrose U.S.P.*, 50 Gm.; *Absolute Ethyl Alcohol*, 25 cc.; *Sodium Lactate**, 5.3 Gm.; *Sodium Chloride U.S.P.*, 5 Gm.; *Potassium Chloride U.S.P.*, 0.75 Gm.; *Anhydrous Citric Acid U.S.P.*, 0.54 Gm.; *Calcium Chloride U.S.P.*, 0.35 Gm.; *Magnesium Chloride Hexahydrate*, 0.31 Gm.; *Nicotinamide U.S.P.*, 100 mg.; *Riboflavin U.S.P.*, 20 mg.; *Thiamine Hydrochloride U.S.P.*, 10 mg.; Electrolyte content (milliequivalents per liter): Sodium, 132; Potassium, 10; Calcium, 5; Magnesium, 3; Chloride, 103; *Bicarbonate Precursor, 47

DON BAXTER, INC., Research and Production Laboratories, Glendale 1, California



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cold
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SYRUP-CAPSULES

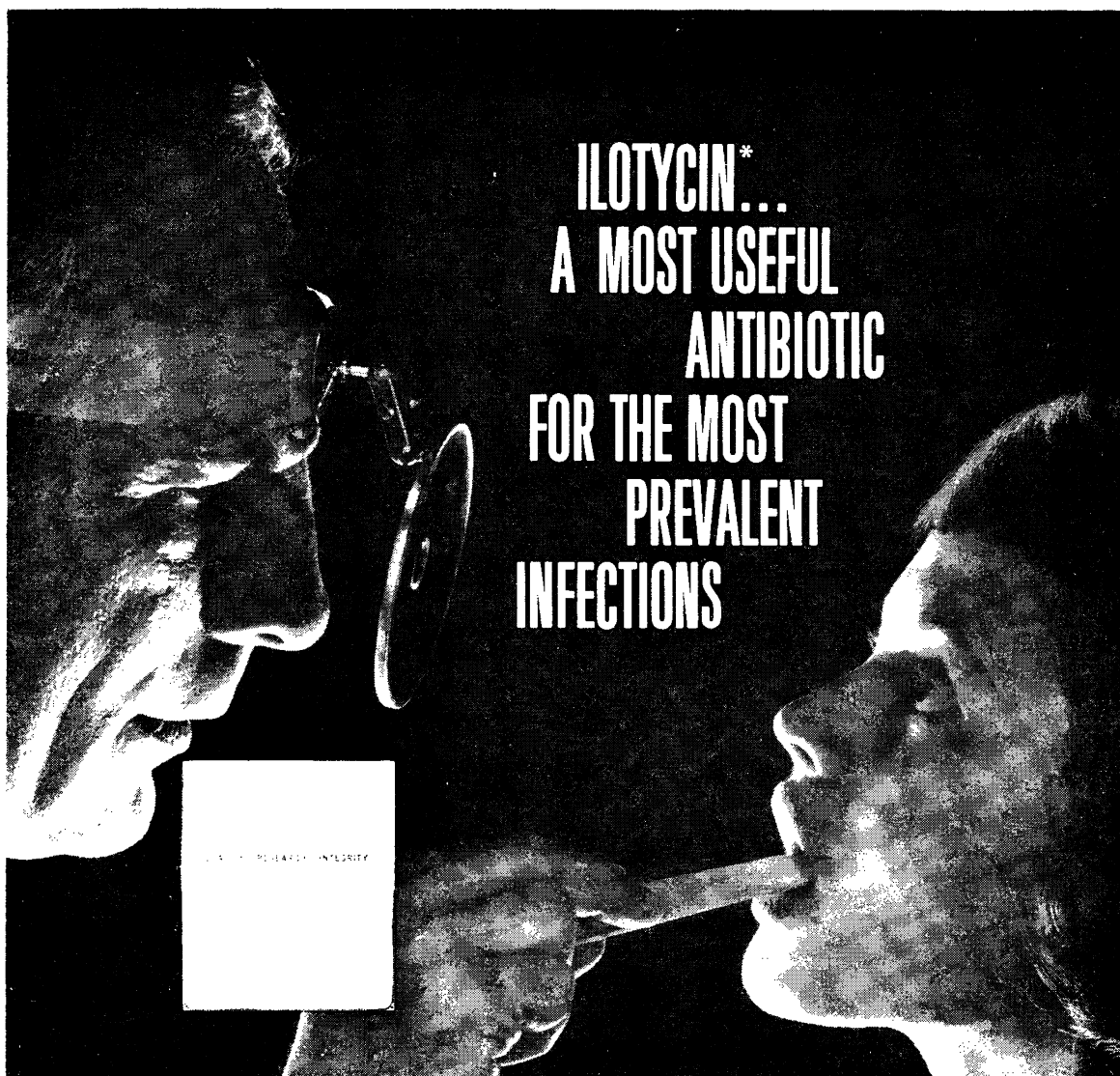
- 1 Antitussive
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- 3 Decongestant
- 4 Analgesic-Antipyretic

Each teaspoonful (5 cc) or capsule provides:

1 Romilar® Hydrobromide*	15 mg
2 Chlorpheniramine Maleate	1.25 mg
3 Phenylephrine Hydrochloride	5 mg
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*Brand of dextromethorphan hydrobromide—the non-narcotic cough specific

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**ILOTYCIN*
A MOST USEFUL
ANTIBIOTIC
FOR THE MOST
PREVALENT
INFECTIONS**

the bactericidal action makes the difference

In addition to rapid clinical response, 'Ilotycin' provides the important advantages only a bactericidal antibiotic can give you. 'Ilotycin' effectively eliminates strep. carrier states, directly kills pathogens to prevent the emergence of resistant strains, and offers maximum assurance against spread of infection.

Also consider 'Ilotycin' for safer therapy. Allergic reactions following systemic treatment are rare. Bacterial flora of the intestine is not significantly disturbed.

You can achieve more complete antibiotic therapy with 'Ilotycin.'

Usual adult dosage is 250 mg. every six hours.

*'Ilotycin' (Erythromycin, Lilly)

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Emotional Problems in Office Practice (University of California Residential Conference Center, Lake Arrowhead). Thursday through Saturday, June 5 to 7. Twelve hours.†

Collagen Diseases. Friday and Saturday, June 6 and 7. Nine hours. Fee: \$35.00.

Seventh Annual Symposium on Medical Technology. Saturday and Sunday, June 14 and 15. Twelve hours. Fee: \$20.00.

Techniques of Hypnosis (Limited to 40). Monday through Wednesday, June 16 to 18. Fifteen hours.†

Advanced Techniques and Application of Hypnosis (Limited to 25). Wednesday through Friday, June 18 to 20. Fifteen hours.†

Techniques of Surgery. Monday through Friday (two weeks), July 21 to August 1. Seventy hours. Fee: \$500.00.

Internal Medicine (at University of California Residential Conference Center, Lake Arrowhead), Wednesday through Saturday, August 20 to 23. Twelve hours.†

Surgical Anatomy (Dissection). Friday and Saturday. Date to be announced. Six hours.†

Obstetrics and Gynecology. Date, hours and fee to be announced.

Surgery of Trauma. Date, hours and fee to be announced.

Casts, Splints and Bandages. Date to be announced. Wednesday. Six hours.†

Contact: Thomas H. Sternberg, M.D., Assistant Dean for Postgraduate Medical Education, U.C.L.A., Los Angeles 24. BRadshaw 2-8911, Ext. 202.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Postgraduate Seminars in Pharmacy. Thursday to Saturday, February 20 to 22. Fifteen hours. Fee: \$25.00.

Medical Emergencies. (Herrick Hospital, Berkeley). Thursday through Saturday, February 20, 21 and 22. Twenty hours. Fee: \$50.00.

Course for Physicians in General Practice. Monday through Friday, February 24 to 28, 1958. Thirty-two hours.†

Bedside Cardiology. Monday through Friday, March 10 through 14. Thirty-five hours.†

Children's Hospital Medical Seminar (Allergy). Saturday, March 29. Seven hours.†

Ear-Nose-Throat. Friday and Saturday, June 6 and 7. Fourteen hours. Fee: \$40.00.

Diagnostic Radiology. Date, hours and fee to be announced.

Interpretation of Laboratory Tests. Date, hours and fee to be announced.

Fundamental Principles of Radioactivity and the Diagnostic and Therapeutic Uses of Radioisotopes. Two or three month course limited to one enrollee per month. Per month, \$250.00.

Contact: Seymour M. Farber, M.D., Head, Postgraduate Instruction, Office of Medical Extension, University of California Medical Center, San Francisco 22. MOntrorse 4-3600, Ext. 665.

STANFORD UNIVERSITY SCHOOL OF MEDICINE

Morning Clinical Conferences, each Monday, Room 515. **Contact:** D. H. Fischel, M.D., Professor, Division of Ophthalmology, Stanford University School of Medicine, 2398 Sacramento St., San Francisco 15.

Postgraduate Conference in the Surgery of Trauma. March 24 to 28.

Postgraduate Conference in Ophthalmology. March 31 to April 4.

UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES

Cardiac Resuscitation. Sponsored by the Los Angeles County Heart Association each Wednesday throughout the year, 4 to 6 p.m. Residents admitted without fee. Tuition for all other physicians: \$30.00. (Each session all-inclusive.)

Basic Home Course in Electrocardiography. One year Postgraduate Series, electrocardiogram interpretation by mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: \$100.00.

Advance Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: \$85.00. Physicians may register at any time.

Office Orthopedics. Designed to be of value to the physician in general practice. March 14 to 16, Hotel Statler, Los Angeles, 9 to 5 each day.

The Edematous State. March 28 and 29, Hotel Statler, Los Angeles, 9 to 5.

Special Announcement: From August 5 to August 21, 1958, the University of Southern California School of Medicine will hold a postgraduate course in Honolulu and on board the *S.S. Matsonia*. The course will center around actual case histories, which will be used to emphasize diagnostic and therapeutic features.

Contact: Phil R. Manning, M.D., Director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. CApital 5-1511.

COLLEGE OF MEDICAL EVANGELISTS

Vue-Vox Postgraduate Refresher Courses. Courses are made up of four or more half-hour lectures each, recorded on hi-fi magnetic tape and illustrated by 35-mm. filmstrips or slides in full color, and adapted for use on any standard tape recorder and filmstrip or slide projector, automatic or manual.

Contact: Paul D. Foster, M.D., chairman, Committee on Audio-Visual Courses, College of Medical Evangelists School of Medicine, 316 North Bailey St., Los Angeles 33.

CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE COURSES

POSTGRADUATE INSTITUTES—1958

SAN BERNARDINO, RIVERSIDE AND ORANGE COUNTIES, in cooperation with College of Medical Evangelists, Arrowhead Springs Hotel, San Bernardino County, February 13 and 14, 1958. Chairman: Elmer O. Carlson, M.D., 756 N. Euclid Ave., Ontario.

WEST COAST COUNTIES, in cooperation with UCLA School of Medicine, Golden Bough Theater and La Playa Hotel, Carmel, March 6 and 7, 1958. Chairman: Howard C. Miles, M.D., 535 E. Romie Lane, Salinas.

SACRAMENTO VALLEY COUNTIES, in cooperation with University of California School of Medicine. El Dorado Hotel, March 14 and 15. Chairman: Fred Schroeder, M.D., 2909 J Street, Sacramento.

SAN JOAQUIN VALLEY COUNTIES, in cooperation with Stanford University School of Medicine, Hotel Californian, Fresno, March 20 and 21, 1958. Chairman: Henry L. Tiesche, M.D., 1759 Fulton St., Fresno.

NORTH COAST COUNTIES, in cooperation with USC School of Medicine, Hoberg's Resort, Lake County, April 10, 11 and 12, 1958. Chairman: Alfred A. Thurlow, Jr., M.D., 185 Sotoyome Ave., Santa Rosa.

Contact: One of the chairmen listed above, or Mrs. Margaret H. Griffith, Director, Postgraduate Activities, California Medical Association, 2975 Wilshire Blvd., Los Angeles 5. DUnkirk 5-2341.

AUDIO DIGEST FOUNDATION, a nonprofit subsidiary of the C.M.A., now offers (on a subscription basis) a series of hour-long tape recordings designed to keep the physician abreast of current happenings in his particular field. Composed of practice-useful abstracts from 600 leading journals, with short lectures and editorial comments from prominent physicians, Audio Digest offers programs covering general practice, surgery, internal medicine, obstetrics and gynecology, and pediatrics.

Contact: Claron L. Oakley, editor, 1919 Wilshire Blvd., Los Angeles 57.

Medical Dates Bulletin

FEBRUARY MEETINGS

COLORADO STATE MEDICAL SOCIETY Midwinter Clinical Session, February 18 to 21, Shirley-Savoy Hotel, Denver. Contact: Harvey T. Sethman, executive secretary, 835 Republic Bldg., Denver 2.

CITY OF HOPE MEDICAL CENTER Symposium on "Effects of Drugs on the Central Nervous System," City of Hope Medical Center, Duarte, February 19 to 21. Fee is \$10 for one day and \$25 for full symposium. Contact: Julian Love, M.D., director, School of Postgraduate Medicine, City of Hope Medical Center, Duarte.

CALIFORNIA BLOOD BANK Annual Meeting, Miramar Hotel, Santa Barbara, February 20 to 22. Contact: Helen E. Drew, secretary, P. O. Box 1148, Santa Barbara.

LOS ANGELES RADIOLOGICAL SOCIETY Tenth Annual Midwinter Conference, Biltmore Hotel, Los Angeles, February 22 and 23, 9:30 a.m. Contact: John H. Eaton, M.D., secretary-treasurer, 65 N. Madison Ave., Pasadena 1.

HIGHLAND-ALAMEDA COUNTY HOSPITAL Symposium: Chemistry, Biochemistry and Metabolism of Lipids, at the hospital, 9:00 a.m. to 5:00 p.m., February 24 through 28; 9:00 a.m. to 12:00 noon on March 1. Auspices will be "Center for Post-Doctoral Study" and "The Institute for Metabolic Research." Contact: L. W. Kinsell, M.D., director of the Institute for Metabolic Research, 2701 14th Avenue, Oakland 6.

MARCH MEETINGS

INTERNATIONAL COLLEGE OF SURGEONS 23rd Annual Congress of U. S. and Canadian Sections 11th Biennial International Congress, March 9 to 13, Hotel Ambassador, Los Angeles. Contact: J. M. de los Reyes, M.D., general chairman, 2010 Wilshire Blvd., Los Angeles 57.

SOUTHWESTERN PEDIATRIC SOCIETY Annual Lecture Series, March 11 and 12, Statler Hotel, Los Angeles. Contact: D. Hovsepian, M.D., program chairman, 960 E. Green St., Pasadena.

CALIFORNIA SOCIETY OF PLASTIC SURGEONS Annual Meeting, March 20 to 22, Del Monte Lodge, Del Monte, California. Contact: Benjamin F. Edwards, M.D., 2200 Santa Monica Blvd., Santa Monica.

AMERICAN COLLEGE HEALTH ASSOCIATION Annual Meeting, March 25 to 29, Ambassador Hotel, Los Angeles. Contact: Donald McKinnon, M.D., Student Health Service, University of California Medical Center, Los Angeles 24.

APRIL MEETINGS

SAN FRANCISCO HEART ASSOCIATION Nurses Institute on the Care of the Cardiac Patient, April 2 and 3, Marina Junior High School, San Francisco, 8:30 a.m. to 4:00 p.m. Contact: Miss Jean Sullivan, program director, 259 Geary St., San Francisco.

CALIFORNIA TUBERCULOSIS AND HEALTH ASSOCIATION, CALIFORNIA TRUDEAU SOCIETY and the CALIFORNIA CONFERENCE OF TUBERCULOSIS WORKERS Annual Meeting, Villa Hotel, San Mateo, April 9 through 12, 1958. Contact: E. L. Daggett, director public information, 130 Hayes Street, San Francisco 2, HEmlack 1-8771.

VALLEY CHILDREN'S HOSPITAL Spring Clinics, April 11 and 12, Roosevelt High School Auditorium, Fresno. Contact: Valley Children's Hospital, Fresno.

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, April 21 to 23, Los Angeles. Contact: John C. Ullery, M.D., secretary, 15 South Clark St., Chicago 3.

CALIFORNIA MEDICAL ASSOCIATION Annual Meeting, Ambassador Hotel, Los Angeles, April 27 to 30. Contact: John Hunton, executive secretary, 450 Sutter St., San Francisco 8, or Ed Clancy, director, Public Relations, 2975 Wilshire Blvd., Los Angeles 5.

MAY MEETINGS

LOS ANGELES COUNTY HEART ASSOCIATION Annual Membership Meeting, May 1, 7:00 p.m., Los Angeles. Contact: Chauncey A. Alexander, executive director, 660 S. Western Avenue, Los Angeles 5.

WESTERN GERONTOLOGICAL SOCIETY Third Annual Convention, May 3 and 4, Hotel Statler, Los Angeles. Begins 1:00 p.m. May 3. Contact: Chas. A. Preuss, M.D., president, 1317 Santa Barbara Street, Santa Barbara.

AMERICAN PSYCHIATRIC ASSOCIATION Annual Meeting, May 12 to 16, Civic Auditorium, San Francisco. Contact: Alfred Auerback, M.D., 450 Sutter St., San Francisco.

HAWAIIAN DIVISIONAL MEETING, AMERICAN PSYCHIATRIC ASSOCIATION, May 17 to 22, Hawaiian Village, Honolulu. Contact: Alfred Auerback, M.D., 450 Sutter St., San Francisco.

WESTERN BRANCH, AMERICAN PUBLIC HEALTH ASSOCIATION Annual Meeting with Canadian Public Health Association, May 18 to 23, Vancouver, B. C. *Contact:* Mrs. L. Amy Darter, secretary-treasurer, 2151 Berkeley Way, Berkeley 4.

AMERICAN LARYNGOLOGICAL ASSOCIATION, May 19 to 20, San Francisco. *Contact:* James H. Maxwell, M.D., secretary, University Hospital, Ann Arbor, Michigan.

AMERICAN BRONCHO-ESOPHAGOLOGICAL ASSOCIATION, May 21 to 23, San Francisco. *Contact:* F. Johnson Putney, M.D., secretary, 1719 Rittenhouse Square, Philadelphia, Pa.

CALIFORNIA HEART ASSOCIATION Annual Meeting, Scientific Session and Directors Meeting, Hacienda Motel, Fresno, May 23 to 25. *Contact:* J. Keith Thwaites, executive director, 1428 Bush St., San Francisco.

SUMMER AND FALL MEETINGS

AMERICAN COLLEGE OF CHEST PHYSICIANS 24th Annual Meeting, June 18 to 22, San Francisco. *Contact:* Mr. Murray Kornfeld, executive director, 112 East Chestnut St., Chicago 11, Ill.

AMERICAN MEDICAL ASSOCIATION Annual Meeting, June 23 to 27, San Francisco. *Contact:* American Medical Association, 535 North Dearborn St., Chicago 10.

AMERICAN PROCTOLOGIC SOCIETY, June 29 to July 3, Los Angeles. *Contact:* Norman D. Nigro, M.D., secretary, 10 Peterboro St., Detroit 1, Michigan.

IDAHO STATE MEDICAL ASSOCIATION Annual Convention, July 6 to 9, Sun Valley, Idaho. *Contact:* Armand L. Bird, executive secretary, 364 Sonna Building, Boise.

WASHINGTON STATE MEDICAL ASSOCIATION Annual Convention, September 14 to 17, 1958, Spokane, Washington. *Contact:* Ralph W. Neill, executive secretary, 1309 Seventh Ave., Seattle, Wash.

CALIFORNIA ACADEMY OF GENERAL PRACTICE Tenth Annual Scientific Assembly, October 5 to 8, San Francisco. *Contact:* William W. Rogers, executive secretary, 461 Market Street, San Francisco 5.

CALIFORNIA SOCIETY OF INTERNAL MEDICINE Annual Meeting, October 17 to 19, Ahwahnee Hotel, Yosemite. *Contact:* Mrs. Mildred B. Coleman, executive secretary, or Dr. Clyde C. Greene, secretary-treasurer, 350 Post St., San Francisco 8.

AMERICAN HEART ASSOCIATION Scientific Sessions and Meetings, October 24 to 27, Fairmont Hotel and Civic Auditorium, San Francisco. *Contact:* J. Keith Thwaites, executive director, California Heart Association, 1428 Bush Street, San Francisco 9.

For Your Patients—

A Personal Message to YOU:

As your personal physician I consider it both a privilege and a matter of duty to be available in case of an emergency. But, being only human you can understand that there are times when I may not be on call. I might be at a medical meeting outside the city, on a bit of a vacation—or even ill.

Consequently, I thought it would be a good precaution if—on this gummed paper which you can paste in your telephone book or in your medicine cabinet—I listed numbers where I can be reached at all times. Also, the number of a capable associate as an added service. Here they are:

_____	_____	_____
OFFICE	HOME	MY DOCTOR
_____	_____	_____
OFFICE	HOME	ASSOCIATE



Sincerely,

_____, M.D.

MESSAGE NO. 1. Attractive, postcard-size leaflets printed on gummed paper, you to fill in telephone numbers and your signature. Available in any quantity, at no charge, as another service to CMA members. Please order by Message Number from CMA, PR Department, 450 Sutter, San Francisco.

EIGHTH ANNUAL REGIONAL

1

WEST COAST COUNTIES

Presented by Postgraduate Activities Committee of the California Medical Association, in cooperation with Monterey, Santa Cruz and San Benito County Medical Societies, and the Postgraduate Division of University of California, Los Angeles, Thomas H. Sternberg, M.D., Assistant Dean for Postgraduate Medical Education.

*Golden Bough Theater and
La Playa Hotel, Carmel... March 6 and 7*

PROGRAM

THURSDAY, MARCH 6, 1958

- 9:00-9:35 a.m.—Recent Advances in Urology—Willard E. Goodwin, M.D.
- 9:35-10:10 a.m.—New Adenovirus Infections in Children—John M. Adams, M.D.
- 10:25-11:00 a.m.—Diagnosis and Management of Anemia—William N. Valentine, M.D.
- 11:00-12:00 a.m.—Three Panel Discussions (you may go to one of your choice):
Enuresis
Bleeding Disorders
Psychology of Malpractice
- 12:00-2:00 p.m.—Luncheon Meeting, La Playa Hotel
New Trends in Postgraduate Education—Edward C. Rosenow, Jr., M.D., Chairman, California Medical Association, Postgraduate Activities Committee
Open question and answer session on morning lectures
- 2:00-2:35 p.m.—Abdominal Pain—Willard E. Goodwin, M.D.
- 2:35-3:10 p.m.—Hepatitis—John C. Sharpe, M.D.
- 3:25-4:00 p.m.—Emotional Problems—Frank F. Tallman, M.D.
- 4:00-5:00 p.m.—Two Panel Discussions (you may go to one of your choice):
Emotional Problems
Management of the Obstructing Prostate in the Poor Risk Patient
- 6:30 p.m.—No Host Social Hour, La Playa Hotel

- 8:00 p.m.—Dinner. Monterey Peninsula Country Club in Del Monte Forest
The Use of Hypnosis in Medicine—Roy M. Dorcus, Ph.D.

FRIDAY, MARCH 7, 1958

- 9:00-9:35 a.m.—Diagnostic Application of Radioisotopes—Leslie R. Bennett, M.D.
- 9:35-10:10 a.m.—Diagnosis and Management of Skin Tumors—Thomas H. Sternberg, M.D.
- 10:25-11:00 a.m.—Surgical Treatment of Superficial Lesions—Franklin L. Ashley, M.D.
- 11:00-12:00 a.m.—Three Panel Discussions (you may go to one of your choice):
Skin Tumor Clinic
Diagnosis and Treatment of Malignant Blood Disorders
Psychology of Malpractice
- 12:00-2:00 p.m.—Luncheon Meeting, La Playa Hotel
Open question and answer session on morning lectures
- 2:00-2:35 p.m.—Examination and Primary Treatment of Hand Injuries—James N. Wilson, M.D.
- 2:35-3:10 p.m.—Emotional Problems—Floyd M. Estess, M.D.
- 3:25-4:00 p.m.—Newer Therapy in Diabetes—Josiah Brown, M.D.
- 4:00-5:00 p.m.—Three Panel Discussions (you may go to one of your choice):
Emotional Problems
Treatment of Thyroid Disease
Hand Injuries

HOST: Monterey County Medical Society . . . **REGIONAL CHAIRMAN:** Howard C. Miles, M.D., 535 East Romie Lane, Salinas, California . . . **Institute Fee:** \$20.00* For additional information, contact Postgraduate Activities office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. All California Medical Association members and their families are cordially invited to attend.

*\$10.00 for physicians who have registered at a previous Institute in Spring, 1958.

POSTGRADUATE INSTITUTES

2

SACRAMENTO VALLEY COUNTIES

Presented by Postgraduate Activities Committee of the California Medical Association, in cooperation with Amador, Butte, Colusa, El Dorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, San Joaquin-Calaveras, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo, Yuba, Del Norte, Humboldt, Napa, Mendocino-Lake, Solano, Sonoma, Marin and Contra Costa County Medical Societies, and the University of California, San Francisco, Seymour M. Farber, M.D., Head of Medical Extension.

El Dorado Hotel, Sacramento
March 14 and 15

PROGRAM

FRIDAY, MARCH 14, 1958

MORNING SESSION

The Desire to Live—The Younger Citizen

- 9:00-9:45 a.m.—Genetics—To be announced.
9:45-10:30 a.m.—Differential Diagnosis and Management of Childhood Fevers—Edward B. Shaw, M.D.
10:45-11:30 a.m.—Differential Diagnosis of Surgical Problems—Leon Goldman, M.D.
11:30-12:15 p.m.—Behavior Problems in Children—George H. Schade, M.D.
12:15-1:50 p.m.—Luncheon
Panel: Behavior Problems and their Management

AFTERNOON SESSION

Learning to Live—The Citizen in the Middle Years

- 2:00-2:45 p.m.—Fads and Fancies in Arteriosclerosis—Richard J. Havel, M.D.
2:45-3:30 p.m.—Nutritional Aspects of Liver Disease—John V. Carbone, M.D.
3:45-4:30 p.m.—Endocrine Changes Influencing Gynecological Problems—Alan Margolis, M.D.
4:30-5:15 p.m.—Conflicts and Concerns of the Middle Years—August R. Prestwood, M.D.
No Host Social Hour—El Dorado Lounge

SATURDAY, MARCH 15, 1958

MORNING SESSION

Appreciative Living—The Citizen in the Aging Years

- 9:00-9:45 a.m.—Endocrine Changes with Aging—Gilbert S. Gordan, Jr., M.D., Ph.D.
9:45-10:30 a.m.—Surgical Procedures: Indications and Contraindications—Robert C. Combs, M.D.
10:45-11:30 a.m.—Aids from Physical Medicine—Gregory Bard, M.D.
11:30-12:15 p.m.—Psychiatric Aspects of the Aging Mind—Joseph B. Wheelwright, M.D.
12:15-1:50 p.m.—Luncheon
Panel: Management of Traumatic Situations in the Elder Citizen

AFTERNOON SESSION

The Neglected Business World of the Physician

- 2:00-2:30 p.m.—Clinical Pathological Conference on Tax Problems of the Medical Profession—Mr. Clarence E. Musto
2:30-3:00 p.m.—Financial Planning for Physicians—Mr. David A. Bardes
3:00-3:30 p.m.—A Protective Investment Program—Tax Free Bonds, Common Stocks, Mutual Funds—Mr. Albert E. Schwabacher, Jr.
3:45-5:00 p.m.—Panel Discussion and Questions from the Audience:
Dynamic Business Concepts in Planning for the Future

HOST: Sacramento Society for Medical Improvement . . . **REGIONAL CHAIRMAN:** Fred Schroeder, M.D., 2909 J Street, Sacramento, California . . . **Institute Fee:** \$20.00* For additional information, contact Postgraduate Activities office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. **All California Medical Association members and their families are cordially invited to attend.**

*\$10.00 for physicians who have registered at a previous Institute in Spring, 1958.

3

SAN JOAQUIN VALLEY COUNTIES

Presented by Postgraduate Activities Committee of the California Medical Association, in cooperation with Fresno, Inyo-Mono, Kern, Kings, Madera, Merced-Mariposa, San Joaquin, Stanislaus, Tulare and Tuolumne County Medical Societies, and the Stanford University School of Medicine, Lowell A. Rantz, M.D., Director of Postgraduate Programs.

Hotel Californian, Fresno... March 20 and 21

PROGRAM

THURSDAY, MARCH 20, 1958

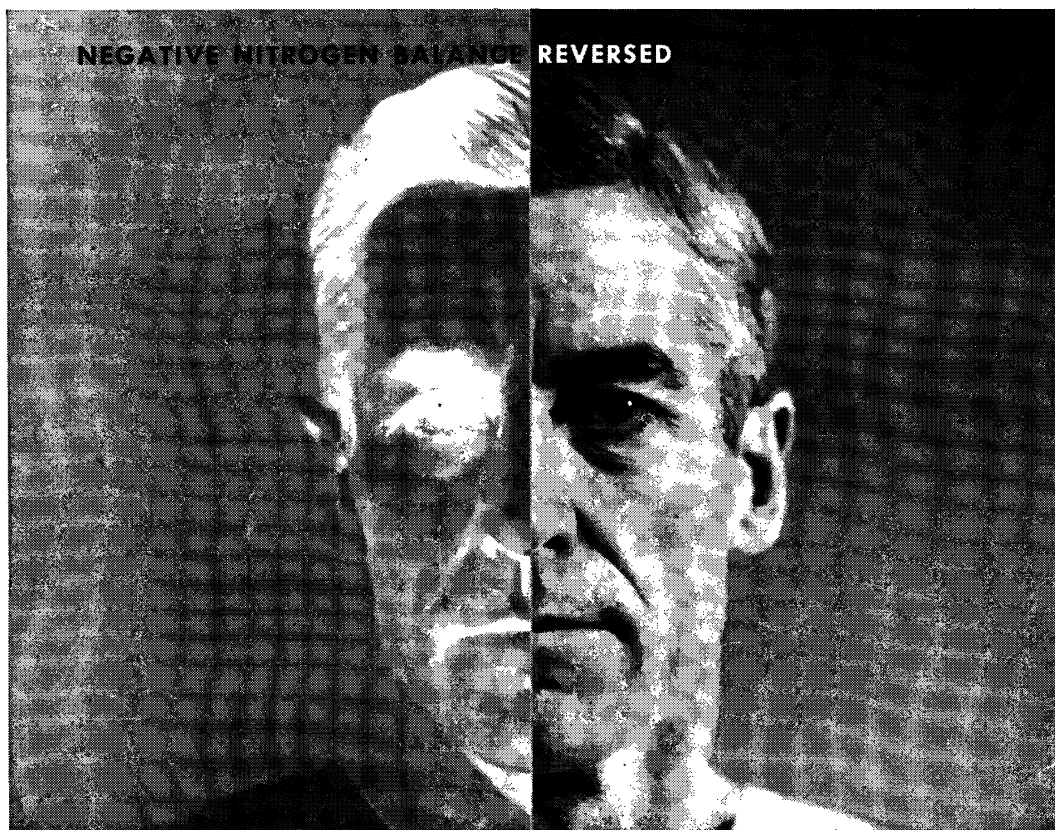
- 9:00-9:40 a.m.—**Hospital Acquired Infection**—Lowell A. Rantz, M.D.
- 9:40-10:20 a.m.—**Treatment of Bleeding Esophageal Varices**—Roy B. Cohn, M.D.
- 10:30-11:15 a.m.—**The Role of the Artificial Kidney in Treatment**—John Young, M.D.
- 11:15-12:00 noon—**The Economic Outlook and the Physician's Investment Program**—Mr. Hood M. Harris
- 12:00-2:00 p.m.—Luncheon. Question and Answer Session on **Physician's Investment Program**
- 2:00-3:00 p.m.—**Treatment of Common Fractures**—Donald E. King, M.D.
- 3:00-5:00 p.m.—Three Panel Discussions (you may go to one of your choice):
Management of Highway Injuries
Treatment of Hypertension
Hematological Problems in the First Year of Life

FRIDAY, MARCH 21, 1958

- 9:00-10:00 a.m.—**Screening Methods in Diagnosis of Cancer**—Laurens P. White, M.D.
- 10:00-12:00 noon—Three Panel Discussions (you may go to one of your choice):
Obstetrical Emergencies
Diagnosis and Treatment of Jaundice
Medical Diseases of the Kidney
- 12:00-2:00 p.m.—Luncheon
- 2:00-3:00 p.m.—**Diagnostic and Therapeutic Use of Isotopes**—Joseph P. Kriss, M.D.
- 3:00-5:00 p.m.—Three Panel Discussions (you may go to one of your choice):
Hematology
Problems of Surgery and Pregnancy in Patients with Heart Disease
Hemoptysis, Hematemesis and Melena

HOST: Fresno County Medical Society . . . **REGIONAL CHAIRMAN:** Henry L. Tieche, M.D., 1759 Fulton Street, Fresno, California . . . **Institute Fee:** \$20.00*. For additional information, contact Postgraduate Activities office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. **All California Medical Association members and their families are cordially invited to attend.**

*\$10.00 for physicians who have registered at a previous Institute in Spring, 1958.



Nilevar®

stimulates protein synthesis,
corrects negative nitrogen balance

Increased nitrogen loss, with resulting negative nitrogen balance, occurs in infection, trauma, major surgery, extensive burns, certain endocrine disorders and starvation and emaciation syndromes. The intrinsic control of protein metabolism is lost and a protein "catabolic state" occurs. A patient requiring more than ten days of bedrest usually has had sufficient metabolic insult¹ to precipitate such a "catabolic" phase.

Nilevar (brand of norethandrolone) has been used in patients with varied conditions including hyperthyroidism, poliomyelitis, aplastic anemia, glomerulonephritis, anorexia nervosa and postoperative protein depletion. The patients gained weight and felt better.

It was concluded² that "the drug certainly caused a reversal of rather recalcitrant or progressive catabolic patterns of disease."

Nilevar is unique among anabolic steroids in that androgenic side action is minimal or absent.

The suggested adult dosage is three to five tablets (30 to 50 mg.) daily. For children 1.5 mg. per kilogram of weight is recommended.

G. D. Searle & Co., Chicago 80, Illinois.
Research in the Service of Medicine.

1. Axelrod, A. E.; Beaton, J. R.; Cannon, P. R., and others: Symposium on Protein Metabolism, New York, The National Vitamin Foundation, Incorporated, (March) 1954, p. 100.

2. Proceedings of a Conference on the Clinical Use of Anabolic Agents, Chicago, Illinois, G. D. Searle & Co., April 9, 1956, pp. 32-35.

SEARLE

SELSUN[®] *the most effective treatment known for dandruff*

(Selenium Sulfide, Abbott)

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2 IBEROL Filmtabs a day supply:

THE RIGHT AMOUNT OF IRON

Ferrous Sulfate, U.S.P. 1.05 Gm.
(Elemental Iron—210 mg.)

PLUS THE COMPLETE B COMPLEX

BEVIDORAL® 1 U.S.P. Unit (Oral)
(Vitamin B₁₂ with Intrinsic Factor Concentrate, Abbott)
Folic Acid 2 mg.
Liver Fraction 2, N.F. 200 mg.
Thiamine Mononitrate 6 mg.
Riboflavin 6 mg.
Nicotinamide 30 mg.
Pyridoxine Hydrochloride 3 mg.
Calcium Pantothenate 6 mg.

PLUS VITAMIN C

Ascorbic Acid 150 mg.

anemia in advancing age

another indication for

filmtab
Iberol®

*potent antianemia therapy
plus the complete B-complex*

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Preception

simple, effective conception control



PRECEPTIN[®]
vaginal gel

Hospital practice of infant feeding



Standard formulas for NEWBORNS

Breast feeding is the procedure of choice for the newborn. But it may need to be complemented with standard formulas given here.

The first feeding, 12 hours after birth, consists of a prelacteal solution of 5% Karo Syrup, one or two ounces, repeated at two-hour intervals. Breast feeding is started on the second day for five-minute intervals and the prelacteal feeding continued immediately thereafter and between nursings.

Formula feeding is given on the second day if breast feeding is denied. The small infant prefers the three-hour schedule and the large infant the four-hour schedule.

The initial formula is a low-caloric milk mixture, gradually increased in concentration over several day intervals according to tolerance. Standard formulas for whole cow's milk or evaporated milk modified with diluted Karo Syrup as shown here, constitute the dietary regimen for well newborns.

First formulas for newborns, concentrated according to tolerance

Evaporated Milk Formulas: 3 oz. q 4h x 6 feedings

FORMULA I	FORMULA II	FORMULA III
12.5 cal./oz.	16 cal./oz.	20 cal./oz.
Evap. Milk . . 4 oz.	5 oz.	6 oz.
Water 14 oz.	13 oz.	12 oz.
Karo Syrup . . 1/2 oz.	3/4 oz.	1 oz.

Whole Cow's Milk Formulas: 3 1/2 oz. q 4h x 6 feedings

FORMULA I	FORMULA II	FORMULA III
11 cal./oz.	11.5 cal./oz.	13.5 cal./oz.
Whole Milk . . 8 oz.	9 oz.	10 oz.
Water 12 oz.	11 oz.	10 oz.
Karo Syrup . . 1/2 oz.	3/4 oz.	1 oz.

ADVANTAGES OF KARO IN INFANT FEEDING



Composition: Karo is a superior maltose-dextrin mixture because the dextrins are non-fermentable and the maltose is rapidly transformed into dextrose which requires no digestion.

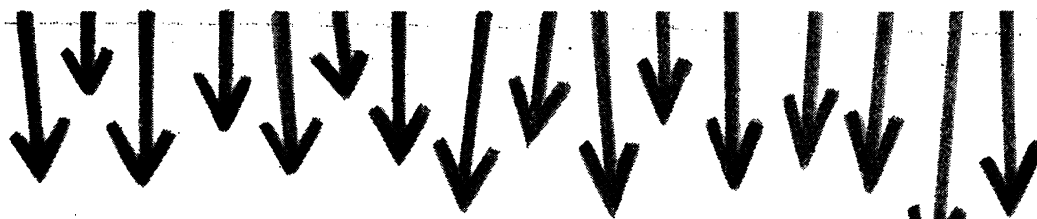
Concentration: Volume for volume Karo furnishes twice as many calories as similar milk modifiers in powdered form.

Purity: Karo is processed at sterilizing temperatures, sealed for complete hygienic protection and devoid of pathogenic organisms.

Low Cost: Karo costs 1/5th as much as expensive milk modifiers and is available at all food stores.



Medical Division
CORN PRODUCTS REFINING COMPANY
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lower the "acne salute"



with RESULIN

Therapeutic Cosmetic

(Resorcin and Sulfur Compounds, Almay •)

Resulin provides resorcin for drying and securing mild exfoliation of the skin combined with sulfur for inhibiting sebaceous gland activity in cosmetically individualized preparations. Thus, with the first application, the facial appearance improves considerably while, simultaneously, acne corrective action commences.

RESULIN
compounds
are indicated
in all acne
conditions:

In severe acne	RESULIN LOTION, in 4 fl. oz. bottles, Blonde and Brunette
In mild acne or when skin is tender	RESULIN LOTION MODIFIED, in 4 fl. oz. bottles, Blonde and Brunette
In dry-skin comedo-type acne	RESULIN OINTMENT, in 1½ oz. tubes, Blonde and Brunette
For thorough, medicated cleansing in all cases	RESULIN SOAP WITH SALICYLIC ACID, in 4 oz. cakes

Send for literature and samples

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In Canada: W. Sofin Ltd., Montreal 25, Quebec

Lotion: contains resorcin 4% ; sulfur 8% ; zinc oxide 25% ; talcum ; iron oxides ; bentonite ; glycerin ; oil of lavender ; isopropyl alcohol 30% by volume ; and water. pH 6.4

Lotion Modified: (½ strength) : contains resorcin 2% ; sulfur 4% ; zinc oxide 27% ; talcum ; iron oxides ; bentonite ; glycerin ; oil of lavender ; alcohol 32% by volume ; water. pH 7.7

Ointment: contains resorcin 2% ; sulfur 4% ; zinc oxide ; talcum ; iron oxides ; bentonite ; oil of lavender in a washable cream base of polyhydroxy alcohols and esters. pH 7.8

Soap (with Salicylic Acid): contains resorcin 3% ; salicylic acid 3% ; sulfur USP 9% ; in a mild soap base. pH 8.1

AN AMES CLINIQUICK

CLINICAL BRIEFS FOR MODERN PRACTICE



*is there any correlation between
the amount of protein in urine and
the grade of heart failure?*

Yes. There is a fairly positive correlation.

Source—Race, G. A.; Scheifley, C. H., and Edwards, J. E.: *Circulation* 13:329, 1956.

Proteinuria In Cardiac Failure

Grade	Mg. % Protein										
	0	10	20	30	40	50	60	70	80	90	100
I (31 patients)	<div> <div>8 patients</div> <div>23 patients</div> </div>										
IV (11 patients)	<div> <div>7 patients</div> <div>3 patients</div> <div>1 patient</div> </div>										

“dip-and-read” tests
adjuncts in Clinical Medicine

ALBUSTIX TRADEMARK Reagent strips for proteinuria

KETOSTIX TRADEMARK Reagent strips for ketonuria

CLINISTIX BRAND Reagent strips for glycosuria



AMES COMPANY, INC • ELKHART, INDIANA
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NICOZOL

for senile psychoses

an ideal
cerebral tonic
and stimulant
for the aged

NICOZOL relieves mental confusion and deterioration, mild memory defects and abnormal behavior patterns in the aged.

NICOZOL therapy will enable your senile patients to live fuller, more useful lives. Rehabilitation from public and private institutions may be accomplished for your mildly confused patients by treatment with the Nicozol formula. 1, 2, 3.

NICOZOL is supplied in capsule and elixir forms. Each capsule or ½ teaspoonful contains:

*Pentylenetetrazol. . . 100 mg.
Nicotinic Acid 50 mg.*

1. Levy, S., *JAMA.*, 153:1260, 1953
2. Thompson, L., Procter R., *North Carolina M. J.*, 15:596, 1954
3. Thompson, L., Procter, R., *Clin. Med.*, 3:325, 1956



From
CONFUSION . . .

to a
**NORMAL
BEHAVIOR
PATTERN**



WRITE for **FREE NICOZOL**

**DRUG SPECIALTIES, INC.
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for professional samples of
NICOZOL capsules and literature on
NICOZOL for senile psychoses.

Sole distributors in California:
The Brown Pharmaceutical Co., Los Angeles

anxiety is the state of stress

heart
disease
is a state
of stress

Case-Report Abstract: H.R., male, aged 40

Severe anxiety complicating acute posterior myocardial infarction, with sinus tachycardia and premature ventricular contractions. Prompt improvement followed the use of EQUANIL to calm the patient. The heart rate slowed, the premature contractions subsided, and the patient responded to reassurance. Medication with EQUANIL continues, and the patient has returned to work.¹

"Cardiac patients who show significant manifestations of anxiety should receive ataractic treatment as part of the therapeutic approach. . . ."¹

1. Waldman, S., and Pelter, L.: Am. Pract. & Digest Treat. 8:1075 (July) 1957.

MS

EQUANIL
Meprobamate
PHENERGAN® HCl
Promethazine HCl
SPARINE® HCl
Promazine HCl

A Wyeth normotropic drug for nearly every patient under stress



Philadelphia 1, Pa.

Supplied: Tablets, 200 and 400 mg., bottles of 50; WYSEALS* Equanil, 400 mg., bottles of 50.

*Trademark

E

Meprobamate

Relieves tension—mental and muscular



with new

VIRIATRIC

geriatrics feel better...faster...longer

without stimulation...without letdown

We won't predict that pole vaulter...Class of '19...
is going to make it...

We don't recommend such strenuous exercise
for geriatric patients...even when they're
faithfully taking *Viriatic* tablets.

We *do* recommend that you prescribe *Viriatic*
for geriatric patients and we do predict that
they'll feel better...faster...longer...
without alcoholic or amphetamine stimulation...
when they take two *Viriatic* tablets twice a day.

In cases where stimulants are advisable, they
may be prescribed separately.

Some of the important *Viriatic* features are...

Glycine and L-Lysine provide amino acid supplements
Balanced blend of hormones help prevent metabolic degeneration
Balanced blend of digestive enzymes for improved digestion
Niacinamide promotes psychiatric orientation,
improved skin tone, muscular and joint mobility

Ethically promoted *Viriatic* Tablets...for geriatrics...
available at all pharmacies in bottles of 100.

BOYLE

BOYLE & COMPANY, Los Angeles 54, California

Each Viriatic tablet contains:

Methyl Testosterone	0.75	mg.	Niacinamide	37.5	mg.	Pepsin	24.3	mg.
Ethinyl Estradiol	0.0045	mg.	Panthenol	2.5	mg.	Bile Acids Mixed Oxidized	6.25	mg.
Vitamin A	1500 U.S.P. Units		Biotin	2.5	mcg.	Glycine (Aminoacetic Acid NF)	12.5	mg.
Vitamin D	150 U.S.P. Units		Vitamin C	37.5	mg.	Iron (Ferrous Sulfate, Dried)	5.0	mg.
Vitamin B-1	1.5	mg.	Hesperidin Purified	6.3	mg.	Copper	0.00017	mg.
Vitamin B-2	1.5	mg.	Rutin	3.75	mg.	Iodine	0.04	mg.
Vitamin B-6	0.375	mg.	Vitamin E	2.5	mg.	Calcium	70.0	mg.
Vitamin B-12 with Intrinsic Factor Concentrate USP	1/40	Unit	Choline Bitartrate	100.0	mg.	Manganese	0.5	mg.
Vitamin B-12 Activity	0.5	mcg.	L-Lysine Monohydrochloride	37.5	mg.	Potassium	2.5	mg.
Folic Acid	0.09	mg.	Inositol	12.5	mg.	Magnesium	2.5	mg.
			Betaine Hydrochloride	25.0	mg.	Zinc	0.38	mg.
			Pancreatin	24.3	mg.	Molybdenum	0.025	mg.



Published reports confirm—

*than with a standard
APC formula*...*



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Ethical Pharmaceuticals of Merit since 1878



Stepped-up performance...

ACHRO

New rapid-acting ACHROMYCIN V Capsules offer more patients consistently high blood levels—at no sacrifice to the broad anti-infective spectrum of ACHROMYCIN Tetracycline, its low incidence of side effects, or its dosage and indications.

The pure, unaltered crystalline tetracycline HCl molecule of ACHROMYCIN, now buffered with citric acid, provides



MYCIN V

Tetracycline HCl Buffered with Citric Acid

**prompt and high blood levels, faster broad-spectrum action
...rapidly decisive control of infections. New ACHROMYCIN
V Capsules do not contain sodium.**

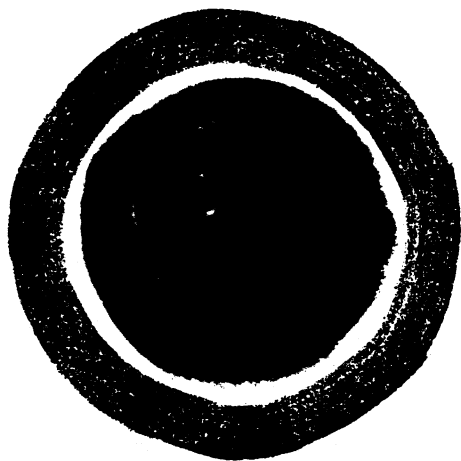
REMEMBER THE V WHEN SPECIFYING ACHROMYCIN V

CAPSULES: (blue-yellow) 250 mg. tetracycline HCl (buffered with citric acid, 250 mg.); 100 mg. tetracycline HCl (buffered with citric acid, 100 mg.). **ACHROMYCIN V DOSAGE:** Recommended basic oral dosage is 6-7 mg. per lb. body weight per day. In acute, severe infections often encountered in infants and children, the dose should be 12 mg. per lb. body weight per day. Dosage in the average adult should be 1 Gm. divided into four 250 mg. doses.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK
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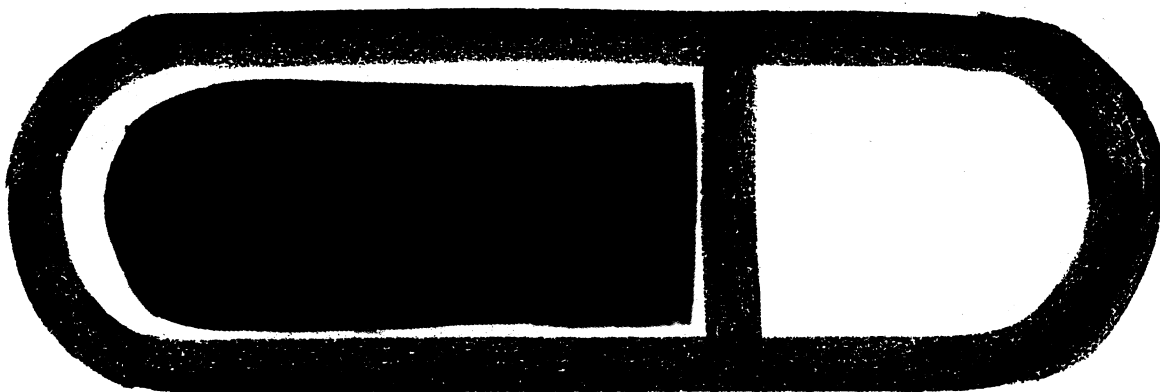


NOW...two forms



BUTAZOLIDIN[®] TABLETS
(phenylbutazone GEIGY)

NEW...BUTAZOLIDIN[®] alka CAPSULES



nonhormonal · anti-inflammatory · anti-arthritic

BUTAZOLIDIN Alka capsules—The unexcelled potency of BUTAZOLIDIN plus added antacid-antispasmodic effect for the benefit of patients with gastric sensitivity.

BUTAZOLIDIN Tablets—Efficacy proved by more than **150 million** patient-days of therapy.

BUTAZOLIDIN being a potent therapeutic agent, physicians unfamiliar with its use are urged to send for detailed literature before instituting therapy.

BUTAZOLIDIN[®] Alka: Capsules containing Butazolidin (phenylbutazone GEIGY) 100 mg.; aluminum hydroxide 100 mg.; magnesium trisilicate 150 mg.; homatropine methylbromide 1.25 mg.

BUTAZOLIDIN[®] (phenylbutazone GEIGY): Red coated tablets of 100 mg.

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not an amphetamine, but an oxazine

Chemically distinct from amphetamine, PRELUDIN provides potent appetite suppression with little or no central nervous system stimulation or other undesirable side reactions.¹⁻⁵

patients lose more weight—PRELUDIN sharply curtails the patient's craving for food...generally doubling the weight loss achieved by dietary means alone.^{1,2,5}

provides notable safety in complicated obesity—PRELUDIN is not known to produce any adverse effect on the cardiovascular system, basal metabolic rate or glucose metabolism, and may be used in cases of moderate hypertension, chronic cardiac disease or diabetes.^{2,3}

(1) Barnes, R. H.: A Program of Therapeutic Supports in Obesity, Scientific Exhibit, 106th Ann. Meet., A.M.A., New York, N. Y., June 3-7, 1957. (2) Gelvin, E. P.; McGavack, T. H., and Kenigsberg, S.: Am. J. Digest. Dis. 1:155, 1956. (3) Natenshon, A. L.: Am. Pract. & Digest Treat. 7:1456, 1956. (4) Holt, J. O. S., Jr.: Dallas M. J. 42:497, 1956. (5) Ressler, C.: J.A.M.A. 165:135 (Sept. 14) 1957.

PRELUDIN® (brand of phenmetrazine hydrochloride). Scored, square, pink tablets of 25 mg. Under license from C. H. Boehringer Sohn, Ingelheim.

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original silhouette hand cut by Mochi

PRELUDIN®

(brand of phenmetrazine hydrochloride)

specifically for weight reduction



BONADOXIN®

STOPS MORNING SICKNESS... BUT



...IT DOESN'T STOP THE PATIENT



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BONADOXIN brings relief to 88.1% of patients... often within a few hours.^{1,2} But it does not produce drowsiness, or side effects associated with over-potent antinauseants. With safe BONADOXIN, "toxicity and intolerance... [is] zero."²

Is she blue at breakfast? Prescribe BONADOXIN. Usually just one tablet at bedtime stops nausea and vomiting of pregnancy...

and just one supplies the full 50 mg. of pyridoxine.



EACH TABLET CONTAINS:

MECLIZINE HCl 25 mg.

PYRIDOXINE HCl 50 mg.

Bottles of 25 and 100.

References: 1. Groskloss, H. H., et al: Clin. Med. 2:885 (Sept.) 1955. 2. Goldsmith, J. W.: Minnesota Med. 40:99 (Feb.) 1957.

Each tablet contains: Calcium pantothenate 2.5 mg.; calcium* (elemental) 67 mg.; vitamin C 33.4 mg.; vitamin A 2,000 units; folic acid .05 mg.; vitamin D 200 units; vitamin B₁₂ 1.0 mg.; vitamin E (tocopherols) 1 I.U.; iron (reduced) .10 mg.; vitamin B₁ 1.0 mg.; copper .3 mg.; vitamin B₆ 1.0 mg.; cobalt .03 mg.; vitamin B₂ .5 mg.; manganese .3 mg.; niacinamide 5.0 mg.; molybdenum .03 mg.; magnesium 10 mg.; zinc .2 mg.; potassium 1 mg.; *oyster shell, 3 parts; calcium gluconate, 1 part; dosage: 3 daily, with meals, or as directed by the physician.



Dove®
NEUTRAL DETERGENT BAR—pH 7

Progressive “drying out” of aging skin makes it particularly susceptible to damage by ordinary toilet soaps. The harmful drying action of soap alkalies can be avoided by recommending DOVE neutral bar. DOVE creams the aging dry skin, washes it *safely*, whether or not a dermatosis is present.

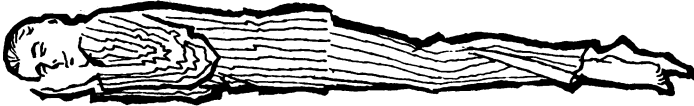
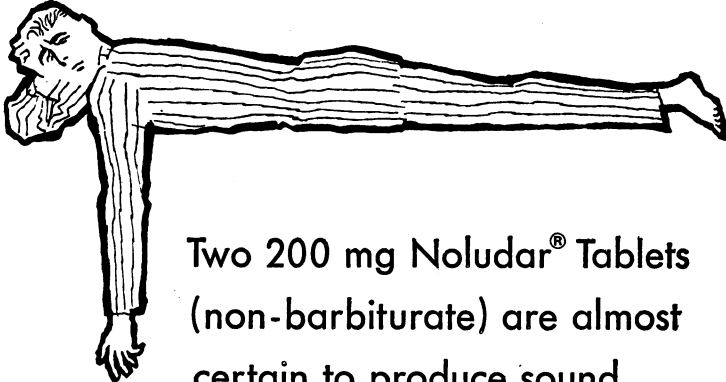
Among 200 patients with dermatoses usually intolerant to soap, DOVE was tolerated by 85 per cent¹—a remarkably high percentage.

With DOVE there is “a much better skin tolerance...due to the neutral pH (7)...as compared with the quite alkaline (pH 10) lathers of most commonly used toilet soaps.”¹

DOVE bar is used like soap, but lathers and feels better. DOVE creams as it washes and does not dry the skin. Every bar contains 25 per cent rich cleansing cream.

1. Swanson, F.: J.A.M.A. 162:459 (Sept. 29) 1956.

LEVER BROTHERS COMPANY

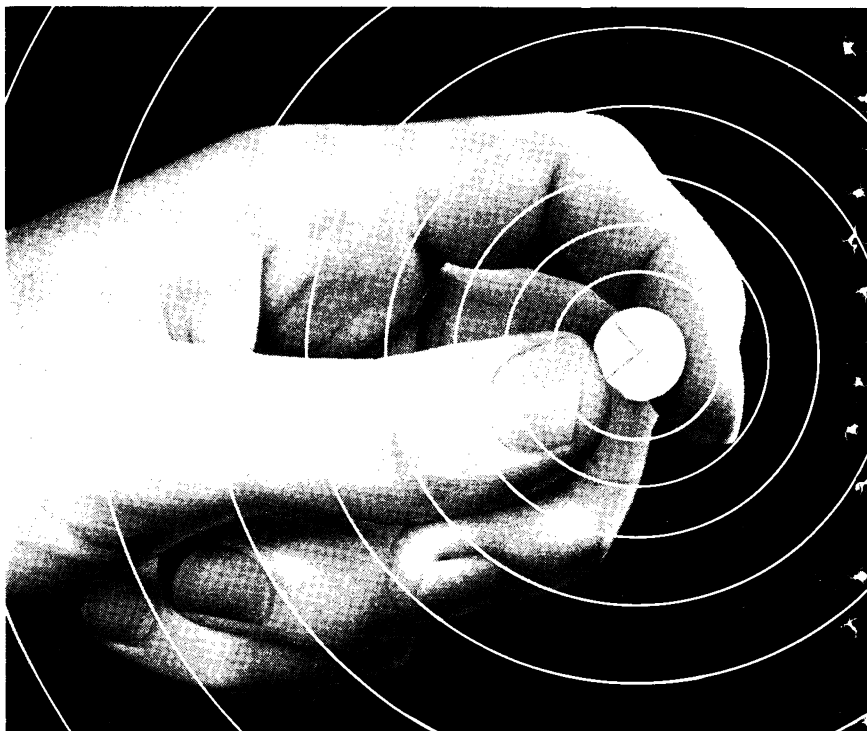
Noludar
will put your patient
to sleep 
and he will not awaken
with that knocked out
feeling 

Two 200 mg Noludar® Tablets
(non-barbiturate) are almost
certain to produce sound,
restful sleep. One 200 mg
tablet is frequently adequate.

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Noludar®—brand of methyprylon—non-barbiturate
sedative-hypnotic

ONLY
ONE
TABLET
A
DAY



now ...
unprecedented
Sulfa
therapy

KYNEX*

SULFAMETHOXYPYRIDAZINE LEDERLE

New authoritative studies show that KYNEX dosage can be reduced even further than that recommended earlier.¹ Now, clinical evidence has established that a single (0.5 Gm.) tablet maintains therapeutic blood levels extending beyond 24 hours. Still more proof that KYNEX stands alone in sulfa performance—

- Lowest Oral Dose In Sulfa History—0.5 Gm. (1 tablet) daily in the usual patient for maintenance of therapeutic blood levels
- Higher Solubility—effective blood concentrations within an hour or two
- Effective Antibacterial Range—exceptional effectiveness in urinary tract infections
- Convenience—the low dose of 0.5 Gm. (1 tablet) per day offers optimum convenience and acceptance to patients

NEW DOSAGE

The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive $\frac{1}{4}$ of the adult dosage. It is recommended that these dosages not be exceeded.

Tablets:

Each tablet contains 0.5 Gm. ($7\frac{1}{2}$ grains) of sulfamethoxy-pyridazine. Bottles of 24 and 100 tablets.

Syrup:

Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxy-pyridazine. Bottle of 4 fl. oz.

¹ Nichols, R. L. and Finland, M.: *J. Clin. Med.* 49:410, 1957.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, NEW YORK

*Reg. U. S. Pat. Off.



help reduce
the pressures
IN your
patients

help reduce
the pressures
ON your
patients



for total management
of your hypertensive
patients rely upon

RAUDIXIN

Squibb-Wholesale, Inc., New York, N.Y. Serpentina

Raudixin provides gradual, sustained lowering of blood pressure in hypertensive patients, as well as a mild bradycardia. Hence, the work load of the heart is reduced.

"... often preferred to reserpine in private practice because of the additional activity of the whole root."

Corrin, K. M.: Am. Pract. & Dig. Treatment 8:721 (May) 1957.

Tranquillizing Raudixin helps relax the anxious hypertensive patient so that he is better able to cope with external pressures without being overwhelmed by them. By reducing these anxieties and tensions, Raudixin helps break the mental tension-hypertension cycle.

Dosage: Two 100 mg. tablets once daily; may be adjusted within range of 50 to 300 mg. **Supply:** 50 and 100 mg. tablets. Bottles of 100, 1000 and 5000.



SQUIBB

Squibb Quality—the Priceless Ingredient

RAUDIXIN is a SQUIBB TRADEMARK



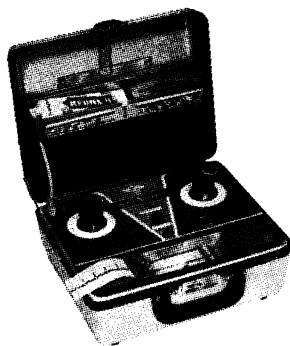
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Visette, doctor ...
before you buy

... use the new transistorized Sanborn Model 300 Visette
electrocardiograph for 15 days ... without cost or obligation

The more-than-usual interest shown by doctors in the new Sanborn Model 300 Visette electrocardiograph is understandable: the Visette is the *only* instrument in history to provide *clinical accuracy in such a small, lightweight form*. And because it is so new, Sanborn Company expects that you, like many doctors, may want to "know more about it" before making a definite decision to buy a Visette for your own practice. *You have that opportunity*, by taking advantage of the Sanborn Company exclusive — and long-practiced — 15-day Trial Plan.

In this way, doctor, you can use a new Visette in your office, on house and hospital calls, wherever you wish a 'cardiogram to be run — just as your practice actually demands. You have two weeks to thoroughly acquaint yourself with every feature of Visette operation and performance — to let the Visette prove itself in actual use. If you like, you can send Sanborn Company a specimen record made on your Visette, should any technical questions arise concerning the instrument's use.

Sanborn Company believes this is the *best* way — by *proof in practice* — to convey the true value of the Visette's compactness, complete portability and fine-instrument accuracy of performance. Take the 15 days, doctor — simply address "Inquiry Director, Medical Division" for full details of the No-Obligation Trial Plan.



18 lbs.
TRANSISTORIZED
\$625 del.



The Model 51 Viso-Cardiette electrocardiograph — long a familiar instrument in heart practices throughout the world — is available as always, for those who prefer a larger, heavier instrument. Price \$785 del.

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new for angina



CARTRAX*

links
freedom from
anginal attacks

with a shelter of
tranquility

In pain. Anxious. Fearful. On the road to cardiac invalidism. These are the pathways of angina patients. For fear and pain are inexorably linked in the angina syndrome.

For angina patients—perhaps the next one who enters your office—won't you consider new CARTRAX? This doubly effective therapy combines PETN (pentaerythritol tetranitrate) for lasting vasodilation and ATARAX for peace of mind.

Thus CARTRAX relieves not only the anginal pain but reduces the concomitant anxiety.

Dosage and supplied: begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. When indicated, this may be increased for more optimal effect by switching to pink CARTRAX "20" tablets (20 mg. PETN plus 10 mg. ATARAX.) For convenience, write "CARTRAX 10" or "CARTRAX 20." In bottles of 100. CARTRAX should be taken 30 to 60 minutes *before* meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.

*"Cardiac patients who show significant manifestations of anxiety should receive ataractic treatment as part of the therapeutic approach to the cardiac problem."*¹

1. Waldman, S., and Felner, L., *Am. Pract. & Digest Treat.* 8:1075 (July) 1957.
*TRADEMARK



New York 17, New York
Division, Chas. Pfizer & Co., Inc.

WHY SENSITIZE

in topical and ophthalmic infections

USE 'POLYSPORIN'[®]

POLYMYXIN B—BACITRACIN OINTMENT brand

*to insure broad-spectrum therapy
with minimum allergenicity*

For topical use: in ½ oz. and 1 oz. tubes.

For ophthalmic use: in ¼ oz. tubes.



BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N. Y.

Strictly

Prescription-Controlled



MEASURED-DOSE NASAL AEROSOL NEBULIZATION

Effective, Multiple Approach to Nasopharyngeal Affections

SINUSITIS NASOPHARYNGITIS RHINITIS

due to common cold, infections, allergies

Controlled Dosage

Medihaler-Phen is designed to give the physician closer management supervision over the patient. It governs self-medication—makes squeeze bottles and droppers obsolete. An accurately measured nebular cloud is gently ejected—not an irritating, powerful jet—no drops of liquid—prevents haphazard dosage.

More than Merely Vasoconstriction

In addition to its efficient but nonirritating vasoconstrictive action Medihaler-Phen counteracts secondary invading organisms and maintains total area decongestion with tissue-compatible effectiveness. Safe for children too.

To Prevent Post-Coryzal Complications

Medihaler-Phen affords immediate relief of congestion during the acute stages of coryza, keeps open the ostia of the paranasal sinuses...aids in the prevention of complications which may follow blockage by thick secretions.

Four Important Actions

An effective, safe, 4-pronged attack (vasoconstrictive, decongestive, anti-inflammatory, antibacterial) is the result of the blended formula. Each cc. of Medihaler-Phen contains phenylephrine HCl 3.6 mg., phenylpropanolamine HCl 7.0 mg., neomycin sulfate 1.5 mg. (equivalent to 1.0 mg. of neomycin base), and hydrocortisone 0.6 mg., suspended in an inert, nontoxic aerosol vehicle.



LOS ANGELES

The Medihaler Principle

Automatically measured-dose aerosol medications. In spill-proof, leakproof, shatterproof, stainless steel, vest-pocket size dispensers with sterilizable plastic adapters. Also available in Medihaler-Epi® (epinephrine bitartrate) and Medihaler-Iso® (isoproterenol sulfate) for the relief of asthma and other allergies.

multi-benefits of
LIPO-HEPIN^{*} 200
sodium heparin U.S.P. aqueous

prolonged anticoagulant effect

Lipo-Hepin 200 — 20,000 U.S.P. Units (200 mgr.) per cc. — offers immediate effect (intravenously) and prolonged effect (fat tissue), without the disadvantages associated with gel heparin preparations.

ease of administration

The high concentration of Lipo-Hepin 200, and the recommended dosage schedule, significantly lessens the patient-to-patient response variations.

ease of control

The action of Lipo-Hepin 200 is definite and predictable. The suggested 12 or 24 hour regimen allows convenient intervals for clotting times if desired.

optimum lipolysis

Lipoprotein lipase, as accentuated by Lipo-Hepin, allows prevention and correction of certain lipid accumulations associated with atherosclerotic disease.

economical therapeutic management

Immediate, positive and prolonged action... predictability and safety... anticoagulant and lipolytic effect... significantly reduced patient cost. Lipo-Hepin is indicated for acute, convalescent and prophylactic therapy.

availability

200, 100, 50, 10 mgr. per cc.
in various size vials.

*Literature
on request*

DARWIN

Chicago
New York
Philadelphia
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Laboratories

*protect
these vital
areas
in acute
thrombo-
embolic
episodes*

*Registered Trade Mark

MAIN OFFICE: 8240 Santa Monica Boulevard

Los Angeles 46, California

'Thorazine' is extremely useful in a wide variety of indications in nearly all fields of medicine. It is extremely effective in conditions where mental and emotional disturbances or nausea and vomiting are present, and where the relief of pain through potentiation of sedatives, narcotics and anesthetics is desired.

'Thorazine' is the only drug of its type available to you in all these useful dosage forms: Tablets, 10 mg., 25 mg., 50 mg., 100 mg. and 200 mg.; Ampuls, 25 mg. (1 cc.) and 50 mg. (2 cc.); Multiple Dose Vials, 10 cc. (25 mg./cc.); Spansule® sustained release capsules, 30 mg., 75 mg., 150 mg. and 200 mg.; Suppositories, 25 mg. and 100 mg.; and Syrup, 10 mg. per 5 cc. teaspoonful.

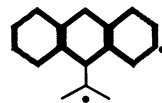
THORAZINE*

chlorpromazine, S.K.F.

*Smith Kline & French Laboratories
Philadelphia*

*T.M. Reg. U.S. Pat. Off.

**one of the
fundamental
drugs in
medicine**



an incomparable protectant
and healing agent
for the SKIN of the AGED



DESITIN[®] o i n t m e n t

sustained soothing, lubricating, antipruritic—
and healing—effects in . . .

rash and excoriation due to

- **incontinence**
- **senile pruritus**
- **external ulcers**
- **stasis dermatitis**
- **excessive dryness**

DESITIN OINTMENT—rich in cod liver oil—has a 30 year clinical background of success in the treatment of many skin conditions.

SAMPLES and literature on request

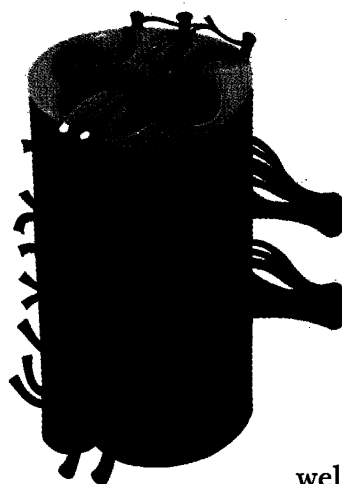


DESITIN CHEMICAL COMPANY

812 BRANCH AVE., PROVIDENCE 4, R. I.

Desitin Ointment contains Norwegian cod liver oil, zinc oxide, talcum, petrolatum, and lanolin.

relaxes
both
mind
&
muscle
without
impairing
mental
or physical
efficiency



well tolerated, relatively
nontoxic / no blood dyscrasias, liver toxicity,
Parkinson-like syndrome or nasal stuffiness /
well suited for prolonged therapy


Supplied: 400 mg. scored tablets, 200 mg. sugar-coated
tablets. *Usual dosage:* One or two 400 mg. tablets t.i.d.

*For anxiety, tension and muscle
spasm in everyday practice.*

Miltown®

tranquilizer with muscle-relaxant action

2-methyl-2-m-propyl-1,3-propanediol dicarbamate

	THE ORIGINAL MEPROBAMATE
	DISCOVERED & INTRODUCED BY
	 WALLACE LABORATORIES
	NEW BRUNSWICK, NEW JERSEY

*Two-dimensional
treatment*

*of
the*

menopause

Because it replaces *half* control with *full* control.
Because it treats the *whole* menopausal syndrome.
Because *one* prescription manages *both* the
psychic and somatic symptoms.

SUPPLIED: Bottles of 60 tablets.

Each tablet contains:

MILTOWN® (meprobamate, Wallace) 400 mg.
2-methyl-2-n-propyl-1,3-propanediol dicarbamate.
U. S. Patent No. 2,724,720.
Conjugated Estrogens (equine) 0.4 mg.
Licensed under U. S. Patent No. 2,429,398.

DOSAGE: One tablet t.i.d. in 21-day courses with one week rest periods.
Should be adjusted to individual requirements.
Samples and literature on request.

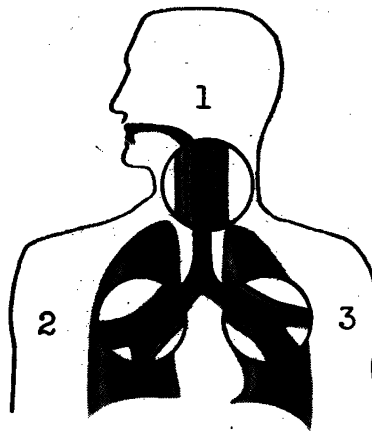
“Milprem”

MILTOWN® + CONJUGATED ESTROGENS (EQUINE)
A Proven Tranquilizer + A Proven Estrogen

 WALLACE LABORATORIES, New Brunswick, N. J.
who discovered and introduced Miltown, the original meprobamate.

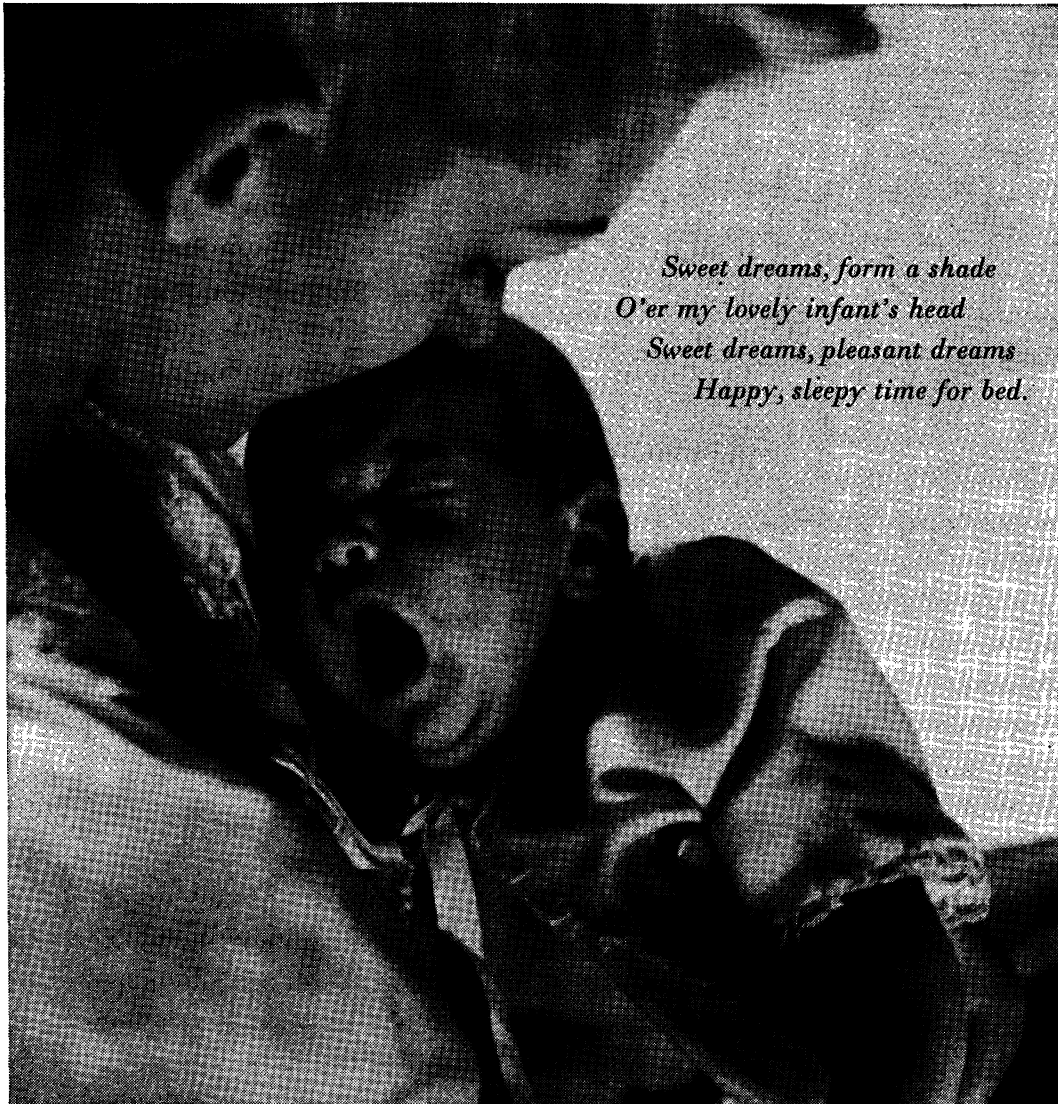


breaks up cough*



* Drawing shows how 3-pronged attack of Pyribenzamine Expectorant with Ephedrine breaks up cough by: (1) reducing histamine-induced congestion and irritation throughout the respiratory tract; (2) liquefying thick and tenacious mucus; (3) relaxing bronchioles. Pyribenzamine Expectorant with Codeine and Ephedrine also available (exempt narcotic). Pyribenzamine® citrate (tripelennamine citrate CIBA). C I B A

Pyribenzamine Expectorant with Ephedrine: Each 4-ml. teaspoon contains 30 mg. Pyribenzamine citrate (equivalent to 20 mg. Pyribenzamine hydrochloride), 10 mg. ephedrine sulphate and 80 mg. ammonium chloride. *Pyribenzamine Expectorant with Codeine and Ephedrine:* Same formula with the addition of 8 m^g. codeine phosphate per 4-ml. teaspoon.



*Sweet dreams, form a shade
O'er my lovely infant's head
Sweet dreams, pleasant dreams
Happy, sleepy time for bed.*

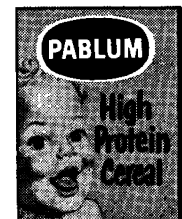
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You can specify **PABLUM** *with confidence*

Pablum High Protein Cereal was created to help meet baby's protein needs during the first year of growth. It is 35% protein, a level much higher than in many foods known for high protein content. It satisfies baby's hunger for longer periods of time—

longer *night* periods. Babies also relish Pablum Mixed Cereal, Rice Cereal, Barley Cereal and Oatmeal . . .

the baby cereals made to pharmaceutical standards of quality—especially processed for extra smoothness and lasting freshness.



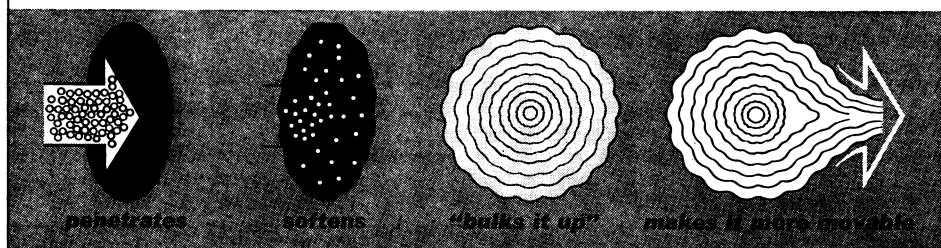
Pablum High Protein Cereal is derived from soybeans, oats, wheat and dried yeast

Pablum Products DIVISION OF MEAD JOHNSON & CO., EVANSVILLE, INDIANA • MANUFACTURERS OF NUTRITIONAL AND PHARMACEUTICAL PRODUCTS.

**a penetrant emulsion
for chronic
constipation**

KONDREMUL[®] (PLAIN)
COLLOIDAL EMULSION OF MINERAL OIL AND IRISH MOSS

permeates the hard, stubborn stool of chronic
constipation with millions of microscopic
oil droplets, each encased in a film of Irish moss...
makes it more movable



KONDREMUL (Plain)—Pleasant-tasting and
non-habit-forming. Contains 55% mineral oil.
Supplied in bottles of 1 pt.

KONDREMUL (With Cascara)—0.66 Gm. nonbitter
Ext. Cascara per tablespoon. Bottles of 14 fl.oz.

KONDREMUL (With Phenolphthalein)—0.13 Gm.
phenolphthalein (2.2 gr.) per tablespoon. Bottles of 1 pt.

When taken as directed before retiring, KONDREMUL
does not interfere with absorption of essential nutrients.

THE E. L. PATCH CO. — STONEHAM, MASSACHUSETTS

KONDREMUL

PATCH



respiratory congestion orally

"This affords opportunity for shrinkage in areas that could not be approached by sprays, drops or actual topical applications."

—Morrison, L. F.: Arch. Otolaryng. 59:48-53 (Jan.) 1954.

Comparison of action of topical decongestants and an orally administered decongestant	
TOPICAL DECONGESTANT	TRIAMINIC ORAL DECONGESTANT
Duration of relief is brief	<i>Keeps nasal passages clear 6 to 8 hours</i>
Decongestion often followed by secondary congestion which may be equal to or even worse than the original condition	<i>Secondary congestion does not occur</i>
Local overtreatment may cause pathological changes in nasal mucosa	<i>No pathological changes in nasal mucosa</i>
Patients frequently experience "nose drop addiction"	<i>The "nose drop addiction" phenomenon does not occur</i>
Much of the medication is washed away by nasal mucus. Mucus often forms a barrier between the medication and the nasal mucosa	<i>Not affected by nasal mucus. Gets into the blood stream so that it has intimate and prolonged effect on nasal mucosa</i>
<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="width: 45%;"> <p>only part of locally applied medication penetrates mucus barrier to reach nasal mucosa</p> <p>much of the local application washes away</p> </div> <div style="width: 10%; text-align: center;"> </div> <div style="width: 45%;"> <p><i>Triaminic gets into blood stream for intimate and prolonged effect on the mucous membranes of the respiratory tract</i></p> <p>nasal mucosa</p> <p>"running" nose (mucus)</p> </div> </div>	

The **Triaminic** form and formulation, described in detail on the next page, have proved remarkably effective as an oral decongestant. ➡



respiratory congestion orally

relief in minutes... lasts for hours

In the common cold, nasal allergies, sinusitis, and postnasal drip, one timed-release Triaminic tablet brings welcome relief of symptoms *in minutes*. Running noses stop, clogged noses open—and *stay* open for 6 to 8 hours. The patient can breathe again.

With *topical* decongestants, “unfortunately, the period of decongestion is often followed by a phase of secondary reaction during which the congestion may be equal to, if not greater than, the original condition. . . .”^{*} The patient then must reapply the medication and the vicious cycle is repeated, resulting in local overtreatment, pathological changes in nasal mucosa, and frequently “nose drop addiction.”

Triaminic does not cause secondary congestion, eliminates local overtreatment and consequent nasal pathology.

^{*}Morrison, L. F.: Arch. Otolaryng. 59:48-53 (Jan.) 1954.

Each double-dose “timed-release” TRIAMINIC Tablet contains:

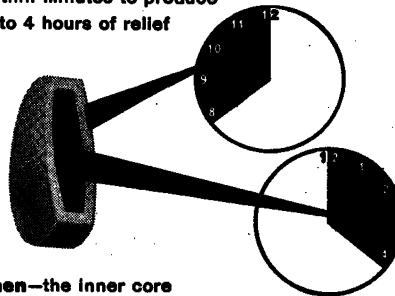
Phenylpropanolamine hydrochloride 50 mg.
Pyrilamine maleate 25 mg.
Pheniramine maleate 25 mg.

Dosage: 1 tablet in the morning, afternoon, and in the evening if needed.

Also available: Triaminic Syrup, for children and and those adults who prefer a liquid medication.

Each double-dose “timed-release” tablet keeps nasal passages clear for 6 to 8 hours—provides “around-the-clock” freedom from congestion on just three tablets a day

first—the outer layer dissolves within minutes to produce 3 to 4 hours of relief



then—the inner core disintegrates to give 3 to 4 more hours of relief

Triaminic[®] “timed-release” tablets

stop running noses...   and open stuffed noses orally

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska • Peterborough, Canada

WANTED



RELIEF FROM ACNE

Fostex® is an essential adjunct to treatment

IN ACNE, Fostex Cream and Fostex Cake

- degrease, peel and degerm the skin
- unblock pores . . . help remove blackheads
- help prevent pustule formation
- minimize spread of infection

Fostex effectiveness is provided by Sebulytic® (sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate) a new combination of surface active cleansing and wetting agents with remarkable antiseborrheic, keratolytic and antibacterial action, enhanced by sulfur 2%, salicylic acid 2% and hexachlorophene 1%.

Fostex is easy to use. The patient stops using soap on acne skin and starts washing with Fostex. Effective and well tolerated...assures patient acceptance and cooperation.

FOSTEX CREAM for therapeutic washing of the skin in the initial phase of the treatment of acne, when maximum degreasing and peeling are desired.



In 4.5 oz. jars

FOSTEX CAKE for maintenance therapy to keep the skin dry and substantially free of comedones.



In bar form

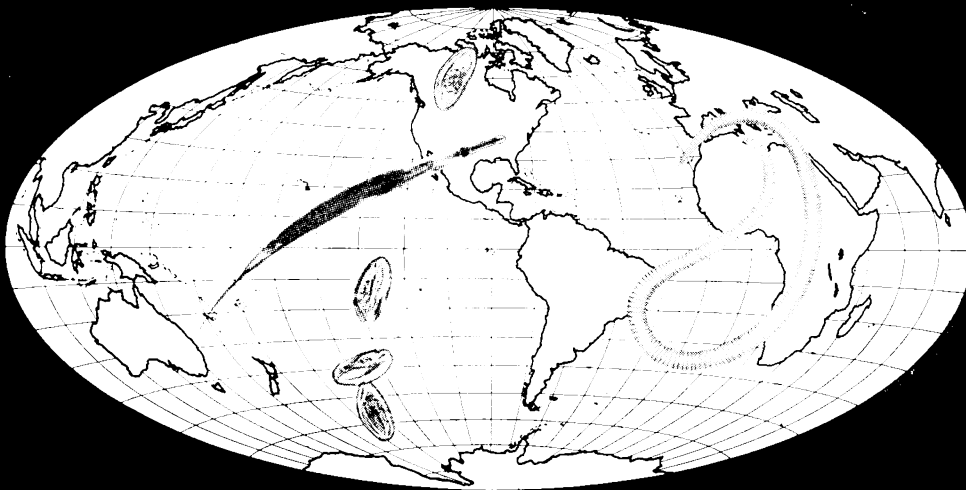
WESTWOOD PHARMACEUTICALS

Division of Foster-Milburn Co.

468 Dewitt Street

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for "This Wormy World"



Pleasant tasting

'ANTEPAR'® brand

PIPERAZINE

SYRUP • TABLETS • WAFERS

Eliminate **PINWORMS IN ONE WEEK**
ROUNDWORMS IN ONE OR TWO DAYS

PALATABLE • DEPENDABLE • ECONOMICAL

'ANTEPAR' SYRUP - Piperazine Citrate, 100 mg. per cc.

'ANTEPAR' TABLETS - Piperazine Citrate, 250 or 500 mg., scored

NEW 'ANTEPAR' WAFERS - Piperazine Phosphate, 500 mg.

Literature available on request



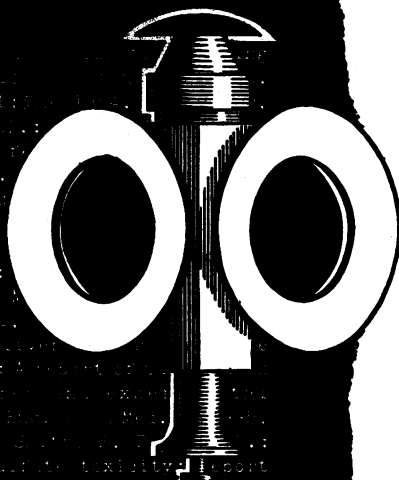
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PARTIAL REVERSAL OF IRON TOXICITY

1. Frankel, L. A.: Relative toxicity of iron compounds. *Am. J. Hygiene* 53: 1-22, 1921.
2. Frankel, L. A.: Relative toxicity of iron compounds. *Am. J. Hygiene* 53: 1-22, 1921.
3. Frankel, L. A.: Relative toxicity of iron compounds. *Am. J. Hygiene* 53: 1-22, 1921.
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*To avoid
iron-toxicity
episodes like these
in your patients*

11. Frankel, L. A.: Relative toxicity of iron compounds. *Am. J. Hygiene* 53: 1-22, 1921.
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13. Frankel, L. A.: Relative toxicity of iron compounds. *Am. J. Hygiene* 53: 1-22, 1921.
14. Frankel, L. A.: Relative toxicity of iron compounds. *Am. J. Hygiene* 53: 1-22, 1921.
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16. Frankel, L. A.: Relative toxicity of iron compounds. *Am. J. Hygiene* 53: 1-22, 1921.
17. Frankel, L. A.: Relative toxicity of iron compounds. *Am. J. Hygiene* 53: 1-22, 1921.
18. Frankel, L. A.: Relative toxicity of iron compounds. *Am. J. Hygiene* 53: 1-22, 1921.
19. Frankel, L. A.: Relative toxicity of iron compounds. *Am. J. Hygiene* 53: 1-22, 1921.
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NEW IRON UNDER CONTROL THROUGH CHELATION

Chel-Iron
Brand of Iron Choline Citrate
Tablets TRADEMARK
Kinney®

chelated for maximum hematinic action
without the discomfort of g.i. irritation or the
danger of systemic iron toxicity.^{a,b}

DOSAGE: Adults, 1 or 2 tablets t.i.d. after meals.
Children, 1 tablet t.i.d. after meals. Three tablets supply
1 Gm. iron choline citrate complex* equivalent to
120 mg. of elemental iron and 360 mg. of choline base.

Also Available:

Chel-Iron PEDIATRIC DROPS
for prevention and treatment of iron
deficiency anemia

Chel-Iron Plus TABLETS
for macrocytic and microcytic anemias . . .
high content of B vitamins, including pyridoxine, makes
this formula especially useful during pregnancy

a. Franklin, M.: To be published. b. Rohse, W. G., and Kemp, C. R.:
Study of the relative toxicity of iron choline citrate. To be published.

*U.S. Pat. 2,575,611

Complete literature to physicians on request.

Kinney®

KINNEY & COMPANY, INC.
COLUMBUS, INDIANA

when are tranquilizers indicated in pediatrics ?

Some doctors have questioned the use of tranquilizers in children. They feel, and rightly so, that these drugs should not be used as palliatives to mask distressing symptoms, while etiological factors go uncorrected. But there are three situations in which even the most conservative physician would not hesitate to use tranquilizers:

1. When the usually well-adjusted child needs a buffer against temporary emotional stress, such as hospitalization.
2. When a child needs relief from an anxiety-reaction that is in turn anxiety-provoking, so as to pave the way for basic therapy.
3. When anxiety underlies or complicates somatic disease, as in asthma.

In such situations, tranquilizers are likely to be more effective and better tolerated than previously accepted therapy, such as barbiturates.

But the question arises: **which** tranquilizer is suitable for children?

Most of the physicians now using tranquilizers in pediatric practice have found the answer to be ATARAX, confirming the conclusions of repeated clinical studies.

ATARAX is effective in a wide range of pediatric indications.

ATARAX has produced a "striking response" in a wide range of hyperemotive states.* In a study of 126 children, "the calming effect of hydroxyzine (ATARAX) was remarkable" in 90%.* Among the conditions that are improved with ATARAX are tics, nervous vomiting, stuttering, temper tantrums, disciplinary problems, crying spasms, nightmares, incontinence, hyperkinesia, etc.*

ATARAX is well tolerated even by children.

"ATARAX appears to be the safest of the mild tranquilizers. Troublesome side effects have not been reported. . . ."*

ATARAX offers two pediatric dosage forms.

ATARAX Syrup is especially designed for acceptability by medicine-shy youngsters. A small 10 mg. tablet is also available. In either case, you will get a rapid, uncomplicated response. Why not, for the next four weeks, prescribe ATARAX for **your** hyperemotive pediatric patients. See whether you, too, don't find it eminently suitable.

* Documentation on request

PEACE OF MIND **ATARAX**[®]
(BRAND OF HYDROXYZINE)

ATARAX

in any
hyperemotive
state

for childhood behavior disorders

10 mg. tablets—3-6 years, one tablet t.i.d.; over 6 years, two tablets t.i.d. Syrup—3-6 years, one tsp. t.i.d.; over 6 years, two tsp. t.i.d.

for adult tension and anxiety

25 mg. tablets—one tablet q.i.d. Syrup—one tbsp. q.i.d.

for severe emotional disturbances

100 mg. tablets—one tablet t.i.d.

for adult psychiatric and emotional emergencies

Parenteral Solution—25-50 mg. (1-2 cc.) intramuscularly, 3-4 times daily, at 4-hour intervals. Dosage for children under 12 not established.

Supplied: Tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution, 10 cc. multiple-dose vials.

M. A. Seidell M.D.

Medical Director



New York 17, New York
Division, Chas. Pfizer & Co., Inc.



BIFRAN[®]

*with a
plus factor
in treating
the overweight*

In addition to dulling the appetite, elevating the mood, and easing anxiety, Bifran tablets contain the plus factor, Cholan DH[®] (dehydrocholic acid, Maltbie). This hydrocholeretic maintains a normal flow of bile, thus avoiding the physiological consequences of low fat intake in the usual dietary program.

Prescribe Bifran tablets for your overweight patients.

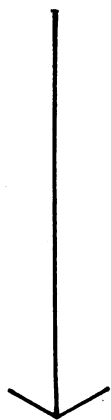
Each Bifran tablet contains 5 mg. methamphetamine hydrochloride, 200 mg. dehydrocholic acid (Maltbie), and 15 mg. pentobarbital.

Supplied: Bottles of 100, 500, 1,000.



MALTBIE LABORATORIES DIVISION • WALLACE & TIERNAN INC. • Belleville 9, N. J.

PUN-51



"PROOF IN PRACTICE"

**a study of 12,880
hypertensive patients**

No. of Patients	Results	Percent
3,929	excellent	30.5%
6,393	good	49.6%
1,535	fair	11.9%
596	unsatisfactory	4.6%
427	side effects	3.3%

The tabulations at the left are from the recently completed study on cryptenamine (Unitensen) in which 12,880 patients and 1,384 physicians participated. Evaluation of the drug was based on experience in everyday private practice.

A summary of the "proof in practice" study is available upon request from the Medical Director of Irwin, Neisler & Co.

UNITENSEN[®]

Each Unitensen tablet contains
cryptenamine (tannates) 2.0 mg.

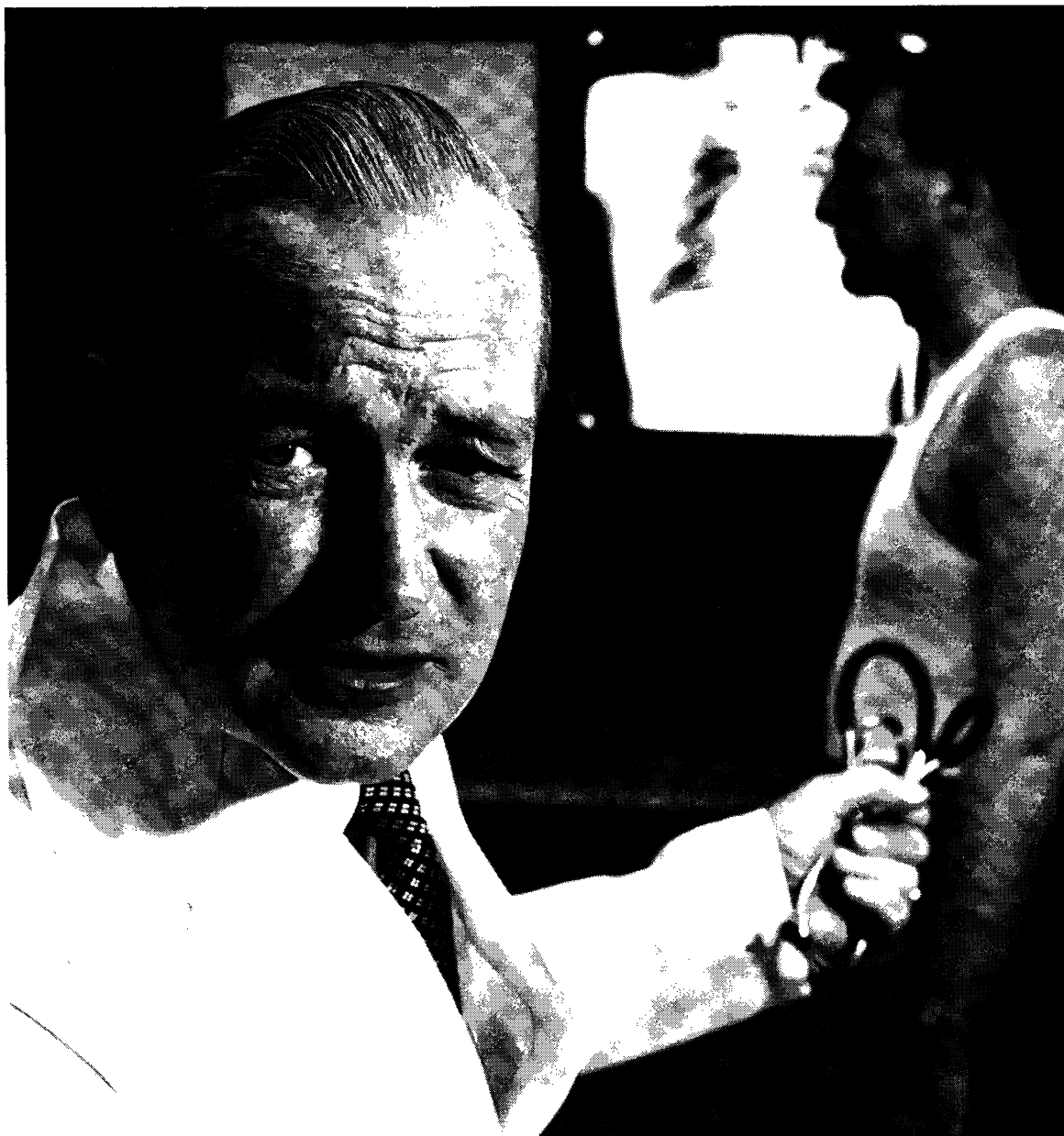
UNITENSEN-R[®]

Each Unitensen-R tablet contains
cryptenamine (tannates) 1.0 mg., Reserpine 0.1mg.

Clinical supplies available upon request.



Irwin, Neisler & Co. • Decatur, Illinois



*"Since we put him on NEOHYDRIN he's been
able to stay on the job without interruption."*

oral
organomercurial
diuretic

 LAKESIDE

TABLET

NEOHYDRIN®

BRAND OF CHLORMERODRIN

24687



asiatic or american?

Whether the patient's influenza originated in Asia, Albuquerque or Akron, current authoritative recommendations are that it requires symptomatic treatment plus bed rest.

Let the analgesic and decongestive effectiveness of Numotizine be your mainstay in relieving the discomforting chest congestion of flu, as well as colds, tonsillitis and other respiratory conditions.

NUMOTIZINE®

Analgesic Decongestive Cataplasm

A single application lasts 8 hours or more, after which time it may be conveniently replaced with a fresh application.

Numotizine contains guaiacol, beechwood creosote and methyl salicylate in an improved polyol-kaolin base. Supplied in 4, 8, 15 and 30 oz. jars.

HOBART LABORATORIES, INC. • Chicago 10, Illinois

FORMULA: Guaiacol 2.60, Beechwood Creosote 13.02, Methyl Salicylate 2.60, Sol. Formaldehyde 2.60, Polyols and Aluminum Silicate q.s. 1000 parts

alseroxylon less toxic than reserpine

"...alseroxylon is an antihypertensive agent of equal therapeutic efficacy to reserpine in the treatment of hypertension, but with significantly less toxicity."

Ford, R.V., and Moyer, J.H.: Rauwolfia Toxicity in the Treatment of Hypertension: Some Observations on Comparative Toxicity of Reserpine, a Single Alkaloid, and Alseroxylon, a Compound Containing Multiple Alkaloids, *Postgrad. Med.*, January, 1958.



*just two tablets
at bedtime*

Rauwiloid[®]

(alseroxylon, 2 mg.)

for gratifying

rauwolfia response

virtually free from side actions

When more potent drugs are needed, prescribe

Rauwiloid[®] + Veriloid[®]

alseroxylon 1 mg. and alkoverin 3 mg.

for moderate to severe hypertension.

Initial dose 1 tablet t.i.d., p.c.

Rauwiloid[®] + Hexamethonium

alseroxylon 1 mg. and hexamethonium chloride dihydrate 250 mg.

in severe, otherwise intractable hypertension.

Initial dose ½ tablet q.i.d.

Both combinations in convenient single-tablet form.

Riker

LOS ANGELES

NEW TETANUS-DIPHTHERIA TOXOID

PROTECTS PATIENTS 8 TO 80 WITHOUT SERIOUS REACTION



Adult **DIP-TET*** Alhydrox®
/CUTTER



Even though the value and efficacy of immunization against tetanus and diphtheria has been proved^{1,2} beyond infancy and early childhood, planned programs have been difficult because of increased reactions to pediatric toxoids. New Adult Dip-Tet now makes it safe for doctors to provide booster injections through the teen age years and into adulthood.

The safety of Adult Dip-Tet in the continuation or reestablishment of immunity, even in mature adults, is borne out by the fact that the Armed Forces have used a similar tetanus-diphtheria toxoid combination successfully in a program of routine and booster injections since 1955.^{3,4}

Cutter Adult Dip-Tet Alhydrox provides safe immunization for patients 8 to 80 because . . .

- The diphtheria component is highly purified and is present in a small concentrated dosage to reduce reactivity.
- The tetanus toxoid component has also been purified to reduce reaction.
- The toxoids are adsorbed on Alhydrox (aluminum hydroxide) to provide the effect of small, repeated doses.

¹Edsall, Geoffrey: *Am. Jour. Public Health* 42:393-400, 1952.

²Long, E. P. and Sartwell, P. E.: *Bull. U.S. Army M. Dept.* 7:371-385, 1947.

³Editorial, *New England Jour. of Med.* 237:411-413, 1947.

⁴Edsall, Geoffrey; Altman, James S.; and Caspar, Andrew J.: *Am. Jour. Public Health* 44:1537-1545, 1954.

For complete descriptive literature, dosage information, and a supply of wallet-sized immunization record cards for distribution to patients, write Dept. 25-B



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*T.M.